

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000069486**

1. Entity Name

**ON DEMAND ERRAND SERVICES, INC**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90188 034 \*\*\*158.75

**052867**

Principal Place of Business

Mailing Address

**12644 Shoreline Dr #8C**  
**Wellington FL 33414**

2. Principal Place of Business

**12644 Shoreline Drive**  
**Suite, Apt. #, etc. 8C**

3. Mailing Address

**P.O. Box 221161**  
**Suite, Apt. #, etc.**

City & State  
**Wellington FL**

Zip  
**33414**

Country  
**USA**

City & State  
**West Palm Beach, FL**

Zip  
**33422**

Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**M. Evelyn Lafalaise**  
**12644 Shoreline Drive #8C**  
**Wellington, FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **M. Evelyn Lafalaise**  
**Founding Director**

**4/24/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Donovan Anderson</b>	
STREET ADDRESS	<b>P.O. Box 221161</b>	
CITY-ST-ZIP	<b>West Palm Bch, FL 33422-1161</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Flore Jeanty</b>	
STREET ADDRESS	<b>3676 Coco Plum Circle</b>	
CITY-ST-ZIP	<b>Coconut Creek, FL 33066</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **M. Evelyn Lafalaise**  
**FOUNDING DIRECTOR**

**4/24/00**

**(501) 301-0791**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)