

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90093 004 ***158.75

DOCUMENT # 9990000 73061

1. Entity Name

J&M Delivery Service, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2902 W. Lake Ave

3. Mailing Address

2902 W. Lake Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa FL

4. FEI Number

59-3529890

☒ Applied For

☐ Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Teresa Acebo

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

2902 W. Lake Ave

City Tampa, FL

FL

Zip Code 33607

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/20/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME Marlene Acebo
STREET ADDRESS 2902 W. Lake Ave
CITY-ST-ZIP Tampa, FL 33607

TITLE D
NAME Teresa Acebo
STREET ADDRESS 2902 W. Lake Ave
CITY-ST-ZIP Tampa, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 813 871-3738

Date

Daytime Phone #

CR2E034B (12/02)