

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086989

1. Entity Name

CHRIS OUSLEY DELIVERY, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90129 031 \*\*\*150.00

Principal Place of Business

9923 PREVATT ST.  
GIBSONTON FL 33534

Mailing Address

9923 PREVATT ST.  
GIBSONTON FL 33534-4601

2. Principal Place of Business

6316 Anderson Road

3. Mailing Address

9923 Prevatt Street

Suite, Apt. #, etc.  
Unit 100

Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Gibsonton, Florida

4. FEI Number  
59-2891292

Applied For  
Not Applicable

Zip

33634

Country

Hillsborough

Zip

33534

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

OUSLEY, KIMBERLY K  
9923 PREVATT ST.  
GIBSONTON FL 33534

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

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	President	<input type="checkbox"/> Delete
NAME	Chris Ousley	
STREET ADDRESS	9923 Prevatt Street	
CITY-ST-ZIP	Gibsonton, Florida 33534	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Kimberly Ousley	
STREET ADDRESS	9923 Prevatt Street	
CITY-ST-ZIP	Gibsonton, Florida 33534	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD02024 / 0000