

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90546 048 ***150.00

DOCUMENT # P99000086989

1. Entity Name
CHRIS OUSLEY DELIVERY, INC.



Principal Place of Business
**5107 W. KNOX ST.
TAMPA FL 33634**

Mailing Address
**9923 PREVATT ST.
GIBSONTON FL 33534**



2. Principal Place of Business
Same as Above

3. Mailing Address
9923 Prevatt St.

☐ CHECK HERE IF MAKING CHANGES

City & State

Gibsonton, FL

4. FEI Number **31-1709365**

Applied For
Not Applicable

Zip

Country

33534 Hillsborough

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OUSLEY, KIMBERLY K
9923 PREVATT ST.
GIBSONTON FL 33534**

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

SIGNATURE *Kimberly K Ousley*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT / OFFICER**
NAME **OUSLEY, CHRIS**
STREET ADDRESS **9923 PREVATT STREET**
CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **OFFICER / TREASURER**
NAME **OUSLEY, KIMBERLY**
STREET ADDRESS **9923 PREVATT STREET**
CITY-ST-ZIP **GIBSONTON FL 33534**

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly K Ousley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/03

813-672-9939

CR2E034 (10/02)