

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 20, 2000 8:00 am
Secretary of State

05-10-2000 90110 037 ***150.00

DOCUMENT # P99000094772

1. Entity Name

GROCERYDRIVER.COM, INCORPORATED

R

Principal Place of Business

1813 BOUGH AVE STE #C
 CLEARWATER FL 33760

Mailing Address

1813 BOUGH AVE STE #C
 CLEARWATER FL 33760-1577

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3607733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHAPPELOW, LYSA
 1813 BOUGH AVE STE #C
 CLEARWATER FL 33760

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

(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	Owner	<input type="checkbox"/> Delete
NAME	Daniel L. Chappel low	
STREET ADDRESS	1813 C Bough Ave.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	Owner	<input type="checkbox"/> Delete
NAME	LYSA L. Chappel low	
STREET ADDRESS	1813 C Bough Ave.	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Rocco Sarley Jr.	
STREET ADDRESS	10853 92nd Ave N.	
CITY-ST-ZIP	Seminole, FL 33772	
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		<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
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 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 *LYSA L. Chappel low* **DATE** 4/4/00 **DAYTIME PHONE #** 727-536-3663

CR2E034 (9/99)