

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90125 004 ***150.00

DOCUMENT # K94927	
1. Entity Name	
ALL SOUTH DELIVERIES, INC.	

DO NOT WRITE IN THIS SPACE

14019583

2. Principal Place of Business 101 LOVEJOY ROAD Suite, Apt. #, etc.		3. Mailing Address PO BOX 790 Suite, Apt. #, etc.	
City & State FORT WALTON BEACH, FL		City & State FORT WALTON BEACH, FL	
Zip 32548	Country OKALOOSA	Zip 32549	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2951634	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JAMES C. JENKINS	
Street Address (P.O. Box Number is Not Acceptable) 101 LOVEJOY ROAD	
City FORT WALTON BEACH	FL Zip Code 32548

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS JENKINS, JAMES C. 41 RIDGELAKE DRIVE MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETERSON, KENT PO BOX 5107 DESTIN, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAKER, THERESE 4337 HIGHWAY 90 EAST CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. JENKINS

Date

4/20/04

Daytime Phone #