

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90066 050 ***150.00

DOCUMENT # P95000003085
 1. Entity Name **DELTA TECHNOLOGIES, INC.**

Principal Place of Business: **BLOUNTSTOWN HWY #A TALLAHASSEE FL 12590**
 Mailing Address: **POST OFFICE BOX 2301 TALLAHASSEE FL 32316-2301 US**

00032401



DO NOT WRITE IN THIS SPACE

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 **59-3294396**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
SANDSTROM, KEITH
336 WAKULLA ARRON ROAD
CRAWFORDVILLE FL 32326

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: P NAME: SANDSTROM, KEITH STREET ADDRESS: P.O. BOX 2301 CITY-ST-ZIP: TALLAHASSEE FL 32316-2301	<input type="checkbox"/> Delete
TITLE: D NAME: WADE, ROBERT STREET ADDRESS: P.O. BOX 226, N/A CITY-ST-ZIP: OBRIEN FL	<input type="checkbox"/> Delete
TITLE: D NAME: WADE, JOAN STREET ADDRESS: P.O. BOX 226, N/A CITY-ST-ZIP: OBRIEN FL	<input type="checkbox"/> Delete
TITLE: D NAME: JENKINS, ELLEN STREET ADDRESS: P.O. BOX 592, N/A CITY-ST-ZIP: CRAWFORDVILLE FL 32326	<input type="checkbox"/> Delete
TITLE: VP NAME: SANDSTROM, DIANE STREET ADDRESS: P.O. BOX 2301 CITY-ST-ZIP: TALLAHASSEE FL 32316-2301	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Keith Sandstrom* **3-7-00** **850-575-3977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)