

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0045045 AV

03-03-2002 90059 019 ***150.00

DOCUMENT # P95000003085

1. Entity Name
DELTA TECHNOLOGIES, INC.

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3294396** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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
Sandstrom, Keith
 Street Address (P.O. Box Number is Not Acceptable)
10010 Surrey Farms Ln.
 City **Tallahassee** **FL** Zip Code
32309

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 **Keith Sandstrom President** *Keith Sandstrom* **2-18-2002**
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SANDSTROM, KEITH	
STREET ADDRESS	P.O. BOX 2301	
CITY-ST-ZIP	TALLAHASSEE FL 32316-2301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, ROBERT	
STREET ADDRESS	8642 SW 63RD CT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, JOAN	
STREET ADDRESS	8642 SW 63RD CT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, ELLEN	
STREET ADDRESS	P.O. BOX 592, N/A	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANDSTROM, DIANE	
STREET ADDRESS	P.O. BOX 2301	
CITY-ST-ZIP	TALLAHASSEE FL 32316-2301	
TITLE		<input type="checkbox"/> Delete
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		
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: *Keith Sandstrom* **REGISTRARS SANDSTROM** **2-18-02** **850-575-3977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E084 (9/01)