

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90172 047 ***158.75

DOCUMENT # P96000083606
 1. Entity Name
DELTA DURABLES, INC.

| | |
|---|---|
| Principal Place of Business 2800 NAVY BLVD SUITE 4 PENSACOLA FL 32505 | Mailing Address 125 W ROMANA ST SUITE 400 PENSACOLA FL 32501-5847 |
|---|---|



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|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 2 N. Palafox St. Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3405478 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|--|--|
| BELL, SCOTT J 125 W ROMANA ST, SUITE 400 PENSACOLA FL 32501 | Name Street Address (P.O. Box Number is Not Acceptable) 2 N. Palafox St. 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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$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 BELL, SCOTT J 125 W. ROMANA ST. STE 400 PENSACOLA FL 32501 | TITLE Change <input type="checkbox"/> Addition | 2 N. Palafox St. |
| TITLE V | <input type="checkbox"/> Delete FERGUSON, KEN 125 W. ROMANA ST. STE 400 PENSACOLA FL 32501 | TITLE Change <input type="checkbox"/> Addition | 2 N. Palafox St. |
| TITLE S | <input type="checkbox"/> Delete FOSTER, DANA R 125 W. ROMANA ST. STE 400 PENSACOLA FL 32501 | TITLE Change <input type="checkbox"/> Addition | 2 N. Palafox St. |
| TITLE T | <input type="checkbox"/> Delete TOLAN, JOHN J J 125 W. ROMANA ST. STE 400 PENSACOLA FL 32501 | TITLE Change <input type="checkbox"/> Addition | 2 N. Palafox St. |
| TITLE D | <input type="checkbox"/> Delete TREHERN, EDWARD 125 W. ROMANA ST. STE 400 PENSACOLA FL 32501 | TITLE Change <input type="checkbox"/> Addition | 2 N. Palafox St. |
| TITLE D | <input type="checkbox"/> Delete ST. PE, GERALD 125 W. ROMANA ST. STE 400 PENSACOLA FL 32501 | TITLE Change <input type="checkbox"/> Addition | 2 N. Palafox St. |

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: SIGNATURE REQUIRED **1/10/02** **850-432-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)