## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 294890** 1. Entity Name

## **DELTONA TRANSFORMER CORPORATION**

801 US HWY 92ND EAST PO BOX 3430 DELAND FL 32723-3430

Principal Place of Business

Mailing Address

801 US HWY 92ND EAST PO BOX 3430 DELAND FL 32723-3430

| 2. Principal Place of Business | 3. Mailing Address  |
|--------------------------------|---------------------|
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
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## FILED Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90320 025 \*\*\*150.00



| City & Sister    City & Sister   City & Sister   Country   Country   Country   S. Canificate of Sister Desired   St.75 Additional rice Required   Required  | Suite, Apt. #, etc. Suite, Apt. #, etc.                         |                  |   |                               | . DO NOT WRITE IN THIS SPACE                       |                          |                 |   |                  |             |           |            |            |
|---|---|------------------|---|-------------------------------|--|--------------------------|-----------------|---|------------------|-------------|-----------|------------|------------|
| Second   S    | City & State City & State                                       |                  |   |                               |  | 4. FEI Number 59-1101565 |                 |   | <u> </u>         |             |           |            |            |
| PRELEC, MICHAEL G 245 KINCAID AVENUE DELAND FL 32724  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    | Zip   |                  | Country                                 | Zip Country                   |  |                          | 5.              | 5 Certificate of Status Desired \$8.75 Additional |                  |             |           |            |            |
| PRELEC, MICHAEL G 245 KINCAID AVENUE  B. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida.  SIGNATURE    Signature, types or prized name of registered agent, and their approximate. (**OTE Registered Agent agent are required when increasing*)  P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   Signature, types or prized name of registered agent, or both, in the State of Florida.    P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Department of State   P. This corporation is eligible to satisfy its Intergrible Tax sting requirement and elects to do so   Make Check Payable to Payable to State   | , - J <del>-</del>  | 6. Name          | and Address of Current Re               | gistered Agent                |  |                          | 7.              | Name and Ad                                       | dress of New     | Register    | ed Agent  |            |            |
| 245 KINCAID AVENUE DELAND FL 32724  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  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)   Delate Name Name Name Name Name Name Name Nam  |   |                  |   |                               |  | Name                     |                 |   |                  |             |           |            |            |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    SIGNATURE   | 245 KINCAID AVENUE  |                  |   | _                             | Street Address (P.O. Box Number is Not Acceptable) |                          |                 |   |                  |             |           |            |            |
| SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILL  PRELEC, MICHAEL G STRET ADDRESS CITY-ST-2P  PRELEC, MICHAEL L  STRET ADDRESS CITY-ST-2P  STEP ANDRESS CITY-ST-2P  STEP ANDRESS CITY-ST-2P  TITLE  STEP ANDRESS CITY-ST-2P  TITLE  STEP ANDRESS CITY-ST-2P  CITY-ST-2P  TITLE  MAME SIREET ADDRESS CITY-ST-2P  TITLE  MAME SIRET ADDRESS CITY-ST-2P  TITLE  |   |                  |   |                               |  | City Sign Code           |                 |   |                  |             |           |            |            |
| SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILL  PRELEC, MICHAEL G STRET ADDRESS CITY-ST-2P  PRELEC, MICHAEL L  STRET ADDRESS CITY-ST-2P  STEP ANDRESS CITY-ST-2P  STEP ANDRESS CITY-ST-2P  TITLE  STEP ANDRESS CITY-ST-2P  TITLE  STEP ANDRESS CITY-ST-2P  CITY-ST-2P  TITLE  MAME SIREET ADDRESS CITY-ST-2P  TITLE  MAME SIRET ADDRESS CITY-ST-2P  TITLE  | 8. The above  | named entity     | y submits this statement for th         | e purpose of changing its re  | egistere   | d office or re           | egistered ac    | gent, or both, i                                  | n the State of F | lorida.     |           |            |            |
| 9. This corporation is eligible to salitify its Intengible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PRELEC, MICHAEL G STREET ADDRESS OITY-ST-ZP  TITLE  | J <b>J</b> 444.0  |                  | ,                                       |                               | -  |                          | ,               | -   |                  |             |           |            | i          |
| 9. This corporation is eligible to salitify its Intengible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PRELEC, MICHAEL G STREET ADDRESS OITY-ST-ZP  TITLE  | OLONIATURE  |                  |   |                               |  |                          |                 |   |                  |             |           |            |            |
| Tax filing requirement and elects to do so (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  Trust Fund Contribution.  Trust Fund Contribution.  PD PRELEC, MICHAEL G 245 KINCAID AVENUE DELAND FL  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE STD RAINES, SHARON J 321 W GLENWOOD ROAD DELAND FL  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP SIRR | SIGNATURE .   | Signature, typed | or printed name of registered agent and | title if applicable. (NOTE: F | Registered   | Agent signature          | required when r | reinstating)                                      |                  | DAT         | E         |            |            |
| TITLE PD PRELEC, MICHAEL G 245 KINCAID AVENUE CITY-ST-ZIP  TITLE VD PRELEC, MICHAEL L 475 HIGHWAY #11 DELAND FL  TITLE STRET ADDRESS CITY-ST-ZIP  TITLE VD PRELEC, MICHAEL L 475 HIGHWAY #11 DELAND FL  TITLE STD STRET ADDRESS CITY-ST-ZIP  TITLE TIT  | Tax filing requirement and elects to do so. After MAY 1, 2001 F |                  |   |                               | 1 Fee v  | vill be \$550            | 0.00            |   | . •              | -           |           |            |            |
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| NAME STREET ADDRESS CITY-ST-ZIP  PRELEC, MICHAEL G STREET ADDRESS CITY-ST-ZIP  PRELEC, MICHAEL L STREET ADDRESS CITY-ST-ZIP  PRELEC, MICHAEL L STREET ADDRESS CITY-ST-ZIP  PRELEC, MICHAEL L STREET ADDRESS CITY-ST-ZIP  STD STD STD STD STD STD STD STD STD ST   |   | PD               | <del></del>                             | ☐ Delete                      | TITLE  |                          |                 |   |                  |             | Cha       | inge       | Addition   |
| STREET ADDRESS CITY-ST-ZIP  TITLE  VD  PRELEC, MICHAEL L  A175 HIGHWAY #11  DELAND FL  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP   |   |                  | MICHAEL G                               |                               | NAME   |                          |                 |   |                  |             |           |            |            |
| CITY-ST-ZIP  DELAND FL  VD  | STREET ADDRESS  |                  |   |                               | STREET   | f ADDRESS                |                 |   |                  |             |           |            |            |
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| NAME STREET ADDRESS CITY-ST-ZIP DELAND FL STD RAINES, SHARON J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TITLE   |                  |   | □ Delete                      | TITLE  |                          |                 |   |                  |             | ☐ Cha     | inge       | Addition   |
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| CITY-ST-ZIP    DELAND FL  |   |                  |   |                               |  | ADDRESS                  |                 |   |                  |             |           |            |            |
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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 an other like empowered.