

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90063 025 ***150.00

DOCUMENT # 194997

1. Entity Name
DELTA SUPPLY CO

Principal Place of Business

1105 US #1
VERO BCH FL 32960

Mailing Address

1105 US #1
VERO BCH FL 32960

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

59-0781664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

OZGOWICZ, GERALDINE
1090 25 AVE
VERO BCH FL 32960

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

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. ☐
 (See criteria on back)

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

TITLE	D <input type="checkbox"/> Delete
NAME	OZGOWICZ, RICHARD
STREET ADDRESS	1110 EUREKA COURT
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	SD <input type="checkbox"/> Delete
NAME	MCIVER, WENDY
STREET ADDRESS	1545 46 AVE
CITY-ST-ZIP	VERO BEACH FL
TITLE	P <input type="checkbox"/> Delete
NAME	OZGOWICZ, GERALDINE
STREET ADDRESS	1090 25 AVE
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	V <input type="checkbox"/> Delete
NAME	MCIVER, ROBERT
STREET ADDRESS	1545 46 AVE
CITY-ST-ZIP	VERO BEACH FL
TITLE	SD <input type="checkbox"/> Delete
NAME	DRISCOLL, DENISE
STREET ADDRESS	1110 25TH AVE
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	V <input type="checkbox"/> Delete
NAME	DRISCOLL, THOMAS JR
STREET ADDRESS	1110 25TH AVE
CITY-ST-ZIP	VERO BCH, FL 00000

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	502 34th Avenue
CITY-ST-ZIP	Vero Beach, FL 32968
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	502 34th Avenue
CITY-ST-ZIP	Vero Beach, FL 32968
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: Wendy McIver Wendy McIver
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-02

Date

561 562-2881

Daytime Phone #

CR2E034 (9/01)