

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 352734

1. Entity Name

DELTA CONSTRUCTION & CONCRETE COMPANY

Principal Place of Business

1816 TALBOT AVE
JACKSONVILLE FL 32205
US

Mailing Address

1816 TALBOT AVE
JACKSONVILLE FL 32205
US

2. Principal Place of Business

1816 Talbot Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville Fl

City & State

4. FEI Number

59-1273105

Applied For

Not Applicable

Zip

32205

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METZ, J HARRY
1816 TALBOT AVE
JACKSONVILLE FL

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 J, Harry Metz

3/14/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME METZ, J HARRY
STREET ADDRESS 4605 AVON LANE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE D
NAME METZ, RICHARD, A
STREET ADDRESS 4686 ORTEGA BLVD
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90001 033 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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