

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90294 038 ***150.00

0359364 AV

DOCUMENT # 382622

1. Entity Name
DELWOOD MANAGEMENT CO., INC.



Principal Place of Business
**204 MAPLE TER
DAVIE FL 33325**

Mailing Address
**10550 W. STATE ROAD 84
L-297
DAVIE FL 33324**



2. Principal Place of Business

10550 W. STATE RD 84

3. Mailing Address

Suite, Apt. #, etc.
L-297

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

Zip

33324

Country

USA

Zip

33324

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1362945**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELEO, S. PAUL
204 MAPLE TERRACE
DAVIE FL 33325**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
10550 W. STATE RD 84
L-297
City **DAVIE, FL** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature] S. PAUL DELEO**

4/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTS	☐ Delete
NAME	DELEO, S. PAUL	
STREET ADDRESS	204 MAPLE TERRACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	10550 W. STATE RD. 84 L-297	
CITY-ST-ZIP	DAVIE, FL. 33324	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature] S. PAUL DELEO**

4/21/03 954 424-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)