

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 548814

1. Entity Name

DELTA PALMS REALTY, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90074 048 ***150.00

Principal Place of Business

Mailing Address

~~515 30TH STREET WEST~~
~~SUITE F~~
~~BRADENTON FL 34205~~

~~515 30TH STREET WEST~~
~~SUITE F~~
~~BRADENTON FL 34205~~

A0022003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4501 MANATEE AVE. W. #172
#172

Suite, Apt. #, etc.
#172

City & State

City & State

BRADENTON

BRADENTON

Zip

Zip

Country

Country

34209

MANATEE

4. FEI Number 59-1816559

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MABRY, BYRON C
515 36 ST. W. SUITE F
BRADENTON FL 34205

Name MABRY, BYRON C.
Street Address (P.O. Box Number is Not Acceptable)
4501 MANATEE AVE. W. #172
City BRADENTON FL 34209

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME MABRY, BYRON C.
STREET ADDRESS 515 36 ST. W. SUITE F
CITY-ST-ZIP BRADENTON FL 34205

TITLE
NAME
STREET ADDRESS 4501 MANATEE AVE. W. #172
CITY-ST-ZIP BRADENTON FL 34209

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2001 (941)746-0038

Date Daytime Phone #

CR2E034 (10/00)