## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

8640 SEMINOLE BLVD.

SEMINOLE FL 33772

## 647987 DOCUMENT #

1. Entity Name

DEL-VEST, INC.

Principal Place of Business

2. Principal Place of Business

8640 SEMINOLE BLVD.

Suite, Apt. #, etc.

SEMINOLE FL 33772



## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90031 032 \*\*\*150.00

10000011

☐ CHECK HERE IF MAKING	CHANGES
FEI Number <b>59-2055440</b>	Applied For
39-2033 <del>44</del> 0	Not Applicable
	<b>\$8.75</b> Additional Fee Required
Name and Address of New Besistered A	lant

City & State		City & State	-14.1.11	4. FEI Number 59-2055440		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<b>\$8.75</b> A Fee Requ		
	6. Name and Address of Curre	nt Registered Agent	<u>'                                    </u>	7. Name and Address of New Register	ed Agent		
DELOACH, DENNIS R., JR.			Name				
8640 SEMINOLE BLVD.			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
	= = =						
SEMINOL	E FL 33772						
			City		_∎ Zip Ci	a da	
			City	ì	EL   Zip Ci	ode	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Florida. I	am familiar wit	h, and accept	
the obligat	ions of registered agent.			•		•	
						•	
SIGNATURE .	Signature, typed or printed name of registered age	not and title if applicable (AIOT	E: Registered Agent signature re				
	Signature, typed of printed harrie of registered agr	ert and title ii applicable. (NOT	E: negistered Agent signature re	equired when reinstating)	re ,		
F	ILE NOW!!! FEE IS \$150.00	1		• Floring Commission Figure in			
After May 1, 2003 Fee will be \$550.00			<ol> <li>9. Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5 D Add	.00 May Be ed to Fees		
Make Check	c Payable to Florida Department	of State		ridst rand Communion.	L Add	ed to rees	
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	
TITLE	PSD	☐ Delete	TITLE		☐ Change	Addition	
NAME	DELOACH, DENNIS R JR	_ boloto	NAME		Onlings	, La radition	
STREET ADDRESS	8640 SEMINOLE BLVD.		STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE, FL 0		CITY-ST-ZIP				
	•			*****			
TITLE	VDT	☐ Delete	TITLE		☐ Change	e 🔲 Addition	
NAME	BURKE, KENNETH P.		NAME				
STREET ADDRESS	8640 SEMINOLE BLVD.		STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME		• -	- NAME			_	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE				,			
NAME		☐ Delete	TITLE		Change	Addition	
IAVIAIC			NAME				

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

E Dennis R. ODeloach, Jr.

☐ Delete

☐ Delete

01-07-03

727-397-5571

Daytime Phone #

☐ Change

Change

☐ Addition

☐ Addition