

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90144 008 ***150.00

DOCUMENT # 687138

1. Entity Name

DELTA RESEARCH GROUP, INC.

Principal Place of Business

Mailing Address

**3916 N. SHELL ROAD
 SARASOTA FL 34242**

**3916 N. SHELL ROAD
 SARASOTA FL 34242-1165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2024011**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNES, ROBERT J
 3916 N. SHELL RD.
 SARASOTA FL 34242**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PS	BURNS, J. ROBERT		
STREET ADDRESS	3916 N. SHELL ROAD		
CITY-ST-ZIP	SARASOTA FL		
DT	KAZPRZAK, VINCENT D		
STREET ADDRESS	1583 ADOLFO DR		
CITY-ST-ZIP	SAN JOSE FL		
DV	BURNS, ROBERT DAVID		
STREET ADDRESS	3916 N. SHELL RD		
CITY-ST-ZIP	SARASOTA DL 34242		

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: *Robert Burns* **J. Robert Burns**

Date **4-18-2000** Daytime Phone # **9413493658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 1 (1/14/99)