

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90151 041 ***150.00

DOCUMENT # 835173

1. Entity Name
DELLWOOD CORPORATION

Principal Place of Business
520 N. SEMORAN BLVD
SUITE 230
ORLANDO FL 32807-3331
US

Mailing Address
520 N. SEMORAN BLVD
SUITE 230
ORLANDO FL 32807-3331
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3740 ST. Johns Bluff RD

3. Mailing Address
3740 ST Johns Bluff RD

Suite, Apt. #, etc.
Suite 8

Suite, Apt. #, etc.
Suite 8

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number **25-0900825**

Applied For
 Not Applicable

Zip Country
32224 USA

Zip Country
32224 USA

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

SHELPMAN, KIMBERLY
520 N. SEMORAN BLVD.
ORLANDO FL 32807

Name
John P. McCaffrey
 Street Address (P.O. Box Number is Not Acceptable)
3740 St Johns Bluff RD
Suite 8
 City
Jacksonville FL Zip Code
32224

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 **JOAN P. MCCAFFREY V.P.** **8-13-02**
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MCCAFFREY, C.G., III 1006 OSAGE ROAD PITTSBURGH PA 15243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUHA, ROBERT 14 EAST MALL PLAZA CARNEGIE PA 15106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JABLONSKI, RAYMOND 14 E MALL PLAZA CARNEGIE PA 15106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICK, STACEY 14 E MALL PLAZA CARNEGIE PA 15106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCaffrey, C.G.III 460 High PointDr. Pittsburgh PA 15220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V & T Fraser, Raymond H. Jr. 3740 St. Johns Bluff Rd Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V McCaffrey, John P. 3740 St Johns Bluff Rd Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOAN P. MCCAFFREY** **8/13/02 (412) 279-9591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



Attachment
Dellwood Mortgage Company

838173
124020

MORTGAGE BANKERS

14 EAST MALL PLAZA • P.O. BOX 729
CARNEGIE, PA 15106-0729
Phone: (412) 279-9591 • Toll Free: 1-800-938-9591 • Fax: (412) 279-9598
Email: dellwoodmtg@earthlink.net
http: //www.dellwoodmortgage.com

August 13, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Waiver of late fee

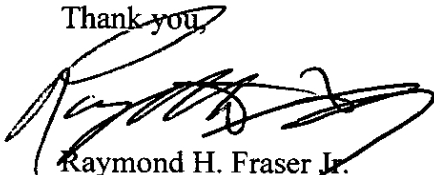
To Whom it may concern:

Dellwood Corporation. is requesting the waiver of the late fee of \$400.00. We did not receive the prior notice to file the 2002 Uniform Business Report.

Enclosed is a check in the amount of \$150.00 for the Annual report \$61.25 and the supplemental corporate fee of \$88.75.

If you have any questions please do not hesitate to call the undersigned at (412) 279-9591.

Thank you,


Raymond H. Fraser, Jr.
SR. Vice President

