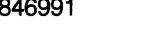
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

84699 DOCUMENT # 1. Entity Name

DALETECH OF FLORIDA, INC.





Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90147 003 ***150.00

FILED

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Principal Place of Business Mailing Address 8095 ASTRONAUT BLVD 3915 OLD SETTLEMENT RD MERRITT ISLAND FL 32952 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 38-2084686 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COVINGTON, CHARLES D Street Address (P.O. Box Number is Not Acceptable) 3915 OLD SETTLEMENT RD **MERRITT ISLAND FL 32952** Zip Code City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition ☐ Delete TITLE ંસુ COVINGTON, CHARLES D. 15 NAME NAME STREET ADDRESS 3915 OLD SETTLEMENT RD STREET ADDRESS CITY-ST-ZIP MERRITT ISL. FL CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE COVINGTON, DEBORAH G. NAME NAME STREET ADDRESS 3915 OLD SETTLMENT ROAD STREET ADDRESS CITY-ST-ZIP MERRITT ISL. FL CITY-ST-ZIP Délete TITLE " ¬☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 10 or Block 11 if changed, or on an attachment with an address, with

CITY-ST-7IP

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