

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90478 006 ***150.00

DOCUMENT # F00000005362

1. Entity Name

DELOR AND ASSOCIATES, INC.

Principal Place of Business

**880 MANDALAY AVE. C-610
CLEARWATER FL 33767-1254**

Mailing Address

**880 MANDALAY AVE. C-610
CLEARWATER FL 33767-1254**

2. Principal Place of Business

880 MANDALAY AVE.

Suite, Apt. #, etc.

N-614

3. Mailing Address

880 MANDALAY AVE.

Suite, Apt. #, etc.

N-614

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33767

Country

FLORIDA

Zip

33767

Country

FLORIDA

4. FEI Number

58-1885419

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELOR, THOMAS
880 MANDALAY AVE. C-610
CLEARWATER FL 33767-1254**

7. Name and Address of New Registered Agent

Name **THOMAS DELOR**

Street Address (P.O. Box Number is Not Acceptable)

880 MANDALAY AVE - N-614

City

CLEARWATER,

FL

Zip Code

33767

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

TITLE **PCD** ☐ Delete
NAME **DELOR, THOMAS**
STREET ADDRESS **880 MANDALAY AVE, C-610**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **ST** ☐ Delete
NAME **DELOR, FRANCOISE**
STREET ADDRESS **880 MANDALAY AVE, C-610**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Change ☐ Addition
NAME **DELOR THOMAS**
STREET ADDRESS **880 MANDALAY AVE, N-614**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **DELOR FRANCOISE**
STREET ADDRESS **880 MANDALAY AVE - N-614**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

FRANCOISE DELOR ST

3/9/2001

Date

Daytime Phone #

CR2E034 (10/00)