

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90098 042 ***150.00

DOCUMENT # F72876

1. Entity Name
THE DELI MASTERS SOUTHWEST, INC.



Principal Place of Business
309 ALTAMONTE COMMERCE BLVD
#1522
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
309 ALTAMONTE COMMERCE BLVD
#1522
ALTAMONTE SPRINGS FL 32714
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2178184**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALGUARNERY, DONALD
309 ALTAMONTE COMMERCE BLVD
#1522
ALTAMONTE SPRINGS FL 32714

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SMITH, GERALD**
STREET ADDRESS **1903 BLUFF OAK ST**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **DP** ☐ Delete
NAME **WALGUARNERY, DONALD**
STREET ADDRESS **317 BOLANDER AVE**
CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

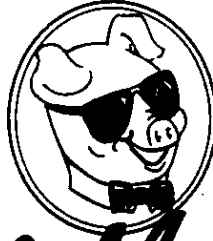
Date

Daytime Phone #

8/18/03 407 682 0036

CR2E034 (4/03)

Attachment #



86140869
F72876

Deli Masters

August 20, 2003

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

RE: Deli Masters Southwest Inc. #59-2178184

Dear SIRS/MADAMS,

Enclosed please find our UBR form #F72876, and our check #5690 for \$150.00

As you are aware, this form and fee are late, but pertaining to your "frequently asked questions", I request a waiver of penalty due to the fact that we never received the first notice.

Being incorporated for over twenty years, this is the first time we have been faced with a penalty, and as many other businesses "Post 9-11" we are carefully monitoring our expenses to, honestly, remain in business.

I thank you in advance.

Sincerely,

Gerald F Smith V.P.

8/20/03

Gerald F Smith, V.P.
DeliMasters