

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90960 001 \*\*\*300.00

**DOCUMENT # F92000000020**

1. Entity Name  
**DELTA VENTURES III, INC.**



Principal Place of Business  
**PO BOX 45852  
CORPORATE TAXES-DEPT 852  
ATLANTA GA 30320-0852  
US**

Mailing Address  
**HARTSFIELD ATLANTA INT'L AIRPORT  
1030 DELTA BLVD., DEPT. 852  
ATLANTA GA 30354-1989  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1903305**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	MACENCZAK, LEE	1030 DELTA BLVD PO BOX 45852	ATLANTA GA 30320	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	VARLEY, JOHN J	1030 DELTA BLVD PO BOX 45852	ATLANTA GA 30320	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	KLEMPERER, LESLIE P	1030 DELTA BLVD PO BOX 45852	ATLANTA GA 30320	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AT	BUCKLEY, ROBERT T	1030 DELTA BLVD PO BOX 45852	ATLANTA GA 30320	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVPT	BURNS, M. MICHELE	1030 DELTA BLVD PO BOX 45852	ATLANTA GA 30320	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPCT	HILVIE, TODD G	1030 DELTA BLVD PO BOX 45852	ATLANTA GA 30320	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TODD G. HELVIE Corporate Tax Vice President**

**4/29/03**

**404-715-5013**

Date

Daytime Phone #

CR2E034 (10/02)