

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005893

1. Entity Name

THE DELTA PARADIGM GROUP, INCORPORATED

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90032 043 ***150.00

Principal Place of Business

Mailing Address

~~200 S INDIAN RIVER DR~~

~~200 S INDIAN RIVER DR~~

~~STE 317~~

~~STE 317~~

~~FT PIERCE FL 34950~~

FT PIERCE FL 34950-4307

US

US

2. Principal Place of Business

510 S. U.S. Route 1

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

FT PIERCE, FL

City & State

FT PIERCE, FL

Zip

34950

Country U.S.A.

~~ST. LOUIS~~

Zip

34948-4311

Country

U.S.A.

4. FEI Number

23-2861719

Applied For

Not Applicable

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

ABERNETHY, BRUCE R JR
 900 VIRGINIA AVE, SUITE 6
 FORT PIERCE FL 34982

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
 NAME ANDES, CHARLES L
 STREET ADDRESS 500 ROSE LANE
 CITY-ST-ZIP HAVERFORD PA 19041

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

TITLE VCP ☐ Delete
 NAME WICKARD, CHARLES E
 STREET ADDRESS 200 S INDIAN RIVER DR STE 317
 CITY-ST-ZIP FT PIERCE FL

TITLE ☒ Change ☐ Addition
 NAME WICKARD, CHARLES E.
 STREET ADDRESS 901 JACK ISLAND ROAD
 CITY-ST-ZIP N. HUTCHINSON ISLAND, FL 34949

TITLE D ☐ Delete
 NAME HORSTMAYER, JACK
 STREET ADDRESS 84 N. STAMFORD RD
 CITY-ST-ZIP STAMFORD CT 06903

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

TITLE D ☐ Delete
 NAME SANFORD, BETH
 STREET ADDRESS 84 N. STAMFORD RD
 CITY-ST-ZIP STAMFORD CT 06903

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

TITLE ST ☐ Delete
 NAME WICKARD, JAMES T
 STREET ADDRESS 200 S INDIAN RIVER DR
 CITY-ST-ZIP FT PIERCE FL

TITLE ☒ Change ☐ Addition
 NAME WICKARD, JAMES T.
 STREET ADDRESS 346 HERMANO ST.
 CITY-ST-ZIP FT PIERCE, FL 34949

TITLE ☐ Delete
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES E. WICKARD 04/24/2000 (561) 460.6676

CR2E034 (9/99)