

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005893

1. Entity Name

THE DELTA PARADIGM GROUP, INCORPORATED

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90274 032 ***550.00

Principal Place of Business

~~510 S. US ROUTE 1~~
~~STE 3~~
FT PIERCE FL 34950
~~US~~

Mailing Address

~~510 S. US ROUTE 1~~
~~STE 3~~
FT PIERCE FL 34950
US

2. Principal Place of Business

2270 N. U.S. Route # 1

3. Mailing Address

P.O. Box 4311

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

4. FEI Number

23-2861719

Applied For

Not Applicable

Zip

34946

Country

U.S.A.

Zip

34948-4311

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **C** ☐ Delete
NAME **ANDES, CHARLES L**
STREET ADDRESS **500 ROSE LANE**
CITY-ST-ZIP **HAVERFORD PA 19041**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

CHARLES E. WICKARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 29, 2001 561.460.6676
Date Daytime Phone #

CR2004 (5/01)