

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-12-2002 90065 034 ***550.00

DOCUMENT # F98000004207

1. Entity Name
DELTA AUTOMOTIVE, INC.

Principal Place of Business

103 S ATLANTIC AVE
 SHEFFIELD AL 35660

Mailing Address

103 S ATLANTIC AVE
 SHEFFIELD AL 35660

2. Principal Place of Business

103 S. Atlanta Ave.

Suite, Apt. #, etc.

3. Mailing Address

103 S. Atlanta Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sheffield, AL

City & State

Sheffield, AL

4. FEI Number **63-0587008**

Applied For

Not Applicable

Zip

35660

Country

USA

Zip

35660

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MABRY, KEN
 1526 INDUSTRIAL BLVD
 JACKSONVILLE FL 32254

Mike Halston
 8253/55 NW 10th St.
 Miami, FL 33172

7. Name and Address of New Registered Agent

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

1201 Peachtree St NE
 City **Atlanta** **GA-FL** Zip Code **30361**

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 **Mike Halston**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

10-22-02

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 13, 2002 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 **CP** ☐ Delete
 NAME **LAW, BENJAMIN F**
 STREET ADDRESS **1102 S. ATLANTA AVE.**
 CITY-ST-ZIP **SHEFFIELD AL 35660**

TITLE **CST** ☐ Delete
 NAME **LAW, FREDA N**
 STREET ADDRESS **1102 SOUTH ATLANTA AVE.**
 CITY-ST-ZIP **SHEFFIELD AL 35660**

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **103 S. Atlanta Ave.**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **103 S. Atlanta Ave.**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02 256-383-9181

Date

Daytime Phone #

CR2E034 (4/02)