

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90103 034 \*\*\*150.00

**DOCUMENT # G40348**

1. Entity Name  
**DELCO CONSTRUCTION, INC.**

Principal Place of Business

**234 E RT 100  
 6B  
 BUNNELL FL 32110**

Mailing Address

**P.O. BOX 352118  
 PALM COAST FL 32135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2315684**

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

**SPOTTS, ROBERT  
 PO BOX 169  
 DAYTONA BEACH FL 32115**

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 Robert J. Spotts

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

(NOTE: Registered agent signature required when registering)

DATE

1-11-02

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 \$150.00  
 After May 1, 2002 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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KING JUDITH A</b>	
STREET ADDRESS	<b>PO BOX 350108, 28 COCONUT CT</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32135</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SPOTTS, MAUREEN</b>	
STREET ADDRESS	<b>PO BOX 169</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32115</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SPOTTS, ROBERT</b>	
STREET ADDRESS	<b>PO BOX 169</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32115</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPOTTS SUSAN K</b>	
STREET ADDRESS	<b>301 HARVARD ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert J. Spotts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-02 386-437-0638

CR2E034 (9/01)