2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03597 DELTA CONST. CONSULTANTS & DESIGN, INC. Mailing Address Principal Place of Business P.O. BOX 55 3201 LOIS CT LUTZ FL 33548-0055 *** O'LAKES FL 34639-0055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

LOCKWOOD, JAMES W

LAND O'LAKES FL 34639-0055

9. This corporation is eligible to satisfy its Intangible

LOCKWOOD, JAMES W

LAND O'LAKES FL 34639-0055

Tax filing requirement and elects to do so.

3201 LOIS CT

3201 LOIS CT

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

NAME

TITLE

NAME

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NAME

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STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

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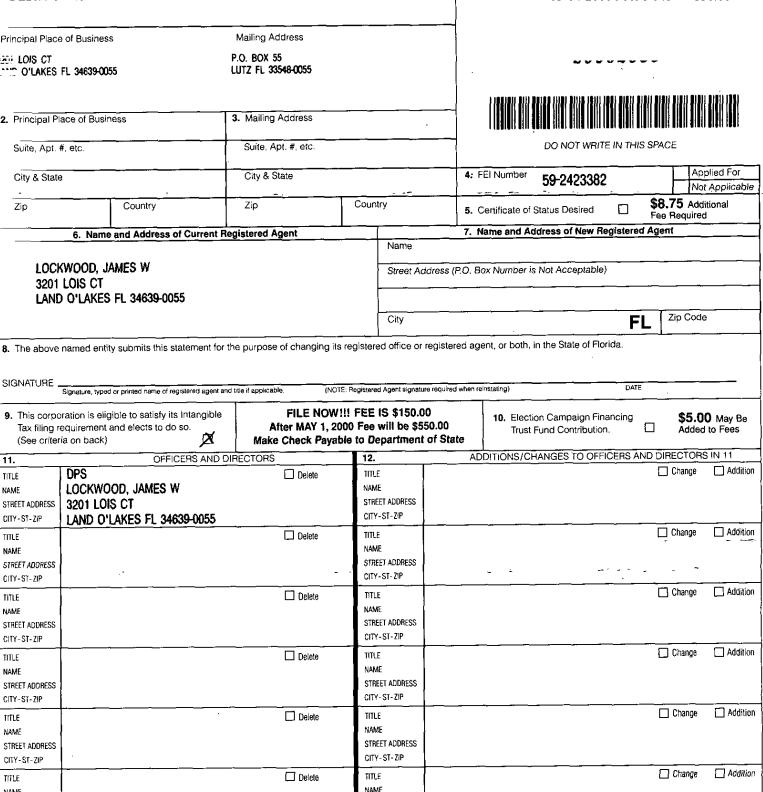
CITY-ST-ZIP

Name

City

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90098 048 ***150.00



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.