

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90008 011 ***150.00

DOCUMENT # H84614

1. Entity Name

DELSHIRE CORPORATION

Principal Place of Business

Mailing Address

324 POE DRIVE
PALM SPRINGS FL 33461-1915
US

1088 OCEAN BLVD
HAMPTON NH 03842-1501
US

2. Principal Place of Business

3. Mailing Address

52 Sunset Blvd.
Suite, Apt. #, etc.

1088 Ocean Blvd.
Suite, Apt. #, etc.

Ormond, Fla.

Hampton,

City & State

City & State

32176

N.H.

Zip

Country

Valusia

Zip

03842

Country

Rackingham



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2600626

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

DELANEY, SHIRLEY
324 POE DRIVE
PALM SPRINGS FL 33461

Name

Shirley Delaney

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

52 Sunset Blvd.

City

Ormond

FL

Zip Code

32176

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

Shirley Delaney

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/19/2000

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	DELANEY, FREDERICK T.	
STREET ADDRESS	817 HULL STREET, SOUTH	
CITY-ST-ZIP	GULFPORT FL	
TITLE	SV	<input type="checkbox"/> Delete
NAME	DELANEY, SHIRLEY G	
STREET ADDRESS	817 HOLL ST SOUTH	
CITY-ST-ZIP	GULFPORT FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delaney, Frederick T.	
STREET ADDRESS	52 Sunset Blvd.	
CITY-ST-ZIP	Ormond, Fla. 32176	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delaney, Shirley G.	
STREET ADDRESS	52 Sunset Blvd.	
CITY-ST-ZIP	Ormond, Fla. 32176	
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		
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:

Shirley Delaney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/19/00 407 441 5943