

2002 UNIFORM BUSINESS REPORT (R)

DOCUMENT # **H85147**

1. Entity Name

DELTA ELEVATOR, INC.

FILED

03 FEB 28 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 585768
ORLANDO FL 32858-5768

Mailing Address

P.O. BOX 585768
ORLANDO FL 32858-5768



REINSTATEMENT DO NOT WRITE IN THIS SPACE **02-03**

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2596156		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

CALHOUN, BURTON
4226 FORRESTAL AVE.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

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

400008681474
02/28/03--01082--002 **\$900.00

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

Burton Calhoun

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 \$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	EVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ISAACS, THOMAS A		NAME		
STREET ADDRESS	4703 WATCH HILL CT.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	400008681474	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALHOUN, BURTON		NAME		
STREET ADDRESS	4226 FORRESTAL AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	10/29/02--01154--001 **\$50.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Burton Calhoun

10-25-02