

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99460

1. Entity Name

DELAWARE FIVE ENTERPRISES INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90008 016 ***150.00

Principal Place of Business
6991 E. CAMELBACK ROAD STE A300
SCOTTSDALE AZ 85251

Mailing Address
6991 E. CAMELBACK ROAD STE A300
SCOTTSDALE AZ 85251-2439

2. Principal Place of Business
1109 TROPHY HILLS DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1109 TROPHY HILLS DRIVE
Suite, Apt. #, etc.

City & State
LAS VEGAS, NV

City & State
LAS VEGAS, NV

4. FEI Number 86-0821223
Applied For
Not Applicable

Zip 89134 Country USA

Zip 89134 Country USA

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

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 *[Signature]* DATE 6-11-00
Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is unable 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SEVEREIDE, SHERRY	
STREET ADDRESS	6991 E CAMELBACK RD, A300	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DAVID	
STREET ADDRESS	6991 E CAMELBACK RD, #300	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY LATHAM	
STREET ADDRESS	1109 TROPHY HILLS DRIVE	
CITY-ST-ZIP	LAS VEGAS NV 89134	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY LATHAM	
STREET ADDRESS	1109 TROPHY HILLS DRIVE	
CITY-ST-ZIP	LAS VEGAS NV 89134	
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #