

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90100 034 ***150.00

DOCUMENT # K65970

1. Entity Name
DELL'S SUBURBAN MARKET, INC.



Principal Place of Business
**3907 LOWSON BLVD.
DELRAY BCH FL 33445**

Mailing Address
**3907 LOWSON BLVD.
DELRAY BCH FL 33445**

2. Principal Place of Business
8969 W. Atlantic Ave
Suite, Apt. #, etc.

3. Mailing Address
3907 Lowson Blvd
Suite, Apt. #, etc.

City & State
Delray Bch, Fla
Zip
33445 Country
Palm Bch

City & State
Delray Bch Fla
Zip
33445 Country
Palm Bch

4. FEI Number **65-0102922**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DELL, BONNIE LYNN
3907 LOWSON BLVD.
DELRAY BCH FL 33445**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
DELL, BONNIE LYNN
3907 LOWSON BLVD.
DELRAY BCH FL 33445** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NIEBEL, SCOTT
9 N.W. 35TH STREET
DELRAY BCH FL 33444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/P
NIEBEL, SEAN
1091 N.W. 10TH CT.
BOYNTON BCH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: BONNIE L. DELL Sec/Tf 1-7-2003 561-499-7135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)