2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State
07-25-2003 90092 042 ***550.00

012408 AT

DOCUMENT # L20501

1. Entity Name
DELTA QUALITY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
612 BALFOUR DR WINTER PARK FL 32792	P.O. BOX 5667 WINTER PARK FL 32792

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
619 Grenadine Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park FL	City & State
Zip: 32792 Country: US	Zip Country

4. FEI Number 59-2970936 ☐ 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
CHRISSANTHIDAS, CHRIS 612 BALFOUR DR. WINTER PARK FL 32792	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 $550.00
After September 10, 2003 Fee will be $750.00
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 DP NAME CHRISSANTHIDIS, CHRIS STREET ADDRESS 612 BALFOUR DR CITY-ST-ZIP WINTER PARK FL 32792	☐ Delete	TITLE DO NAME Chris Chrissanthidis STREET ADDRESS 619 Grenadine Crt CITY-ST-ZIP Winter Park FL 32792	☒ Change ☐ Addition
TITLE V NAME CHRISSANTHIDIS, MARIA STREET ADDRESS 612 BALFOUR DR CITY-ST-ZIP WINTER PARK FL 32792	☐ Delete	TITLE V NAME Maria Chrissanthidis STREET ADDRESS 619 Grenadine Crt CITY-ST-ZIP Winter Park FL 32792	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #