2001 UNIFORM BUSINESS REPORT (UBR)

2003
FILED
03 SEP -3 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L24434

1. Entity Name
DEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~1303 PULLEN ROAD~~ 4499 Limpkin Ln ~~JACKSONVILLE FL 32216~~ Fernandina FL, 32034	~~1303 PULLEN ROAD~~ 4499 Limpkin Ln. ~~JACKSONVILLE FL 32216~~ Fernandina, FL. 32034

DO NOT WRITE IN THIS SPACE 02-03

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Apt. #, etc.
City & State	State
Zip / Country: NASSAU	Zip / Country

4. FEI Number 59-3032248 — Applie / Not Ap

5. Certificate of Status Desired ☐ $8.75 Additior Fee Require

6. Name and Address of Current Registered Agent

LEMMEL, DAVID E.
1303 PULLEN ROAD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: Lemmel, David E.
Street Address (P.O. Box Number is Not Acceptable): 4499 Limpkin Lane
City: Fernandina Beach FL Zip Code: 32034

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: David E Lemmel
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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.0[illegible] Ma Added to Fe

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMMEL, DAVID E 1303 PULLEN RD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lemmel David E. 4499 Limpkin Ln. Fernandina Beach FL 32034 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMMEL OROZCO, DEANNA 7925 PRAVER DR., WEST JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change 800022737638 09/03/03--01063--001 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KERNAGHAN, ANNA M 641 9TH AVE SOUTH JACKSONVILLE BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kernaghan, Anna M. ☐ Change 1303 Pullen Rd. Jacksonville FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change 800022737638 09/03/03--01063--002 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

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 inform[illegible] 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 di[illegible] 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 changed, or on an attachment with an[illegible] with all other like empowered.

SIGNATURE: David Lemmel DAVID Lemmel 9-2-03 904491-0360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

m 9/4

08/27/2003 16:30 9043885798 CONTEMPORARY PAGE 02/03

2001 UNIFORM BUSINESS REPORT (UBR)

2002

DOCUMENT # L24434

1. Entity Name

DEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~1303 PULLEN ROAD~~ 4499 Limpkin ln ~~JACKSONVILLE FL 32216~~ Fernandina FL 32034	~~1303 PULLEN ROAD~~ 4499 Limpkin ln. ~~JACKSONVILLE FL 32216~~ Fernandina FL 32034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country NASSAU

3. Mailing Address

David Lemmel
4499 Limpkin Lane
Fernandina Beach FL32034

Apt. #, etc.

State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3032248 ☐ Applied ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEMMEL, DAVID E.
1303 PULLEN ROAD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: Lemmel, David E.

Street Address (P.O. Box Number is Not Acceptable): 4499 Limpkin Lane

City: Fernandina Beach FL Zip Code: 32034

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: David E Lemmel
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, 2001 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 Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMMEL, DAVID E 1303 PULLEN RD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ A Lemmel, David E 4499 Limpkin ln. Fernandina FL 32034
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMMEL OROZCO, DEANNA 7925 PRAVER DR., WEST JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KERNAGHAN, ANNA M 641 9TH AVE SOUTH JACKSONVILLE BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ A Kernaghan ANNA M. 1303 Pullen Rd. Jacksonville FL 32216
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
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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 appropriate blank with all other like empowered.

SIGNATURE: David Lemmel 9/2/03 904491-0360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

September 2, 2003

DEL Enterprises, Inc.
4499 Limpkin Lane
Fernandina Beach, FL 32034

Florida Department of State
Division Of Corporations
Tallahassee, Florida 32303

To Whom It May Concern:

Pursuant to our telephone conversation, enclosed please find copies of the annual report for 2002 and 2003. As we discussed, we had not received the Corporation Report Forms. I am enclosing my check for $300.00 for 2002 and 2003 to the Florida Department of State. I want to thank you for abating the penalty. If you need further information please do not hesitate to contact me.

David E. Lemmel
DEL Enterprises, Inc.