


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90195 006 \*\*\*150.00

<b>DOCUMENT #</b> L83691	
<b>1. Entity Name</b> THE DELI CASE, INC.	

<b>Principal Place of Business</b> % CARL J. LOWRY 4400 BAYOU BLVD. # 55 PENSACOLA FL 32503	<b>Mailing Address</b> % CARL J. LOWRY 4400 BAYOU BLVD. # 55 PENSACOLA FL 32503
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b> 59-3015416	<b>Applied For</b>
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
LOWRY, CARL J. 4400 BAYOU BLVD. #55 PENSACOLA FL 32503

<b>7. Name and Address of New Registered Agent</b>
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.**

<b>SIGNATURE</b>	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Trust Fund Contribution.	

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>NAME</b>
	LOWRY, CARL J.
<b>STREET ADDRESS</b>	4400 BAYOU BLVD. #55
<b>CITY-ST-ZIP</b>	PENSACOLA FL
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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.**

<b>SIGNATURE:</b>	<b>SIGNATURE RECORDED</b>	<b>2/19/03</b>	<b>850-477-3354</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/02)