

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90070 001 \*\*\*300.00

0067480  
 AV

**DOCUMENT # L97138**

1. Entity Name  
**DELTA FINANCE COMPANY, INC.**

Principal Place of Business  
**927 FERN ST., STE-200  
 ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**927 FERN ST., STE-200  
 ALTAMONTE SPRINGS FL 32701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. 1500**

**STE 1500**

City & State

City & State

4. FEI Number

**59-3026954**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EYAL, VICTOR  
 927 FERN STREET STE-200  
 ALTAMONTE SPRINGS FL 32701**

Name

Street Address (P.O. Box Number is Not Acceptable)

**STE 1500**

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, 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, 2002 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 NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D EYAL, VICTOR</b>	<b>927 FERN STREET STE 200 ALTAMONTE SPRINGS FL 32701</b>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>STE 1500</b>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02** **407-831-1941**  
 Date Daytime Phone #

CR2E034 (9/01)