

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79380

1. Entity Name

D L P, INC.

Principal Place of Business

% PHILLIP SENA
P.O. BOX 1298
ISLAMORADA FL 33036

Mailing Address

% PHILLIP SENA
P.O. BOX 1298
ISLAMORADA FL 33036

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SENA, PHILLIP
117 E CARROLL STREET
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name

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

City

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's 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 Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SENA, PHILLIP
117 E CARROLL ST
ISLAMORADA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip SENA

4/11/01 305-664-9427
Date Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90005 041 ***150.00

644466



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0050393
Applied For
Not Applicable

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

CR2E034 (10/00)