

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90115 033 ***150.00

0119926

DOCUMENT # P00000031153

1. Entity Name
DELANCY, CORP.

Principal Place of Business

Mailing Address

**908 WHITE STREET
 KEY WEST FL 33040**

**908 WHITE STREET
 KEY WEST FL 33040**

739718

2. Principal Place of Business

3. Mailing Address

526 William St.

526 William St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

#1

City & State

City & State

Key West, FL

Key West, FL

Zip

Country

Zip

Country

33040

US

33040

US

4. FEI Number

65-0994407

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name **James Santucci**

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

526 William St. #1

City **Key West**

FL

Zip Code

33040

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

James Santucci

4-5-01

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 #7669
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MELLONCAMP, KEVIN**
 STREET ADDRESS **908 WHITE STREET**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☒ Change ☐ Addition
 NAME **Kevin Melloncamp**
 STREET ADDRESS **526 William St. #1**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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

Date

Daytime Phone #

Kevin Melloncamp 4-5-01 (305) 294-7776

CR2E034 (10/00)