

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047353

1. Entity Name

DELAND ENTERPRISES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91000 009 ***150.00

Principal Place of Business

P.O. BOX 10501
DAYTONA FL 32120-0501

Mailing Address

P.O. BOX 10501
DAYTONA FL 32120-0501

C0059592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

246 Garden St.

Suite, Apt. #, etc.

246 Garden St.

City & State

Deland, Florida

City & State

Deland, Florida

4. FEI Number

applied for

☒ Applied For

☐ Not Applicable

Zip

32720

Country

Volusia

Zip

32720

Country

Volusia

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

RIVERA, WALDO F
246 GARDEN ST.
DELAND FL 32720

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.

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RIVERA, WALDO F
246 GARDEN ST.
DELAND FL 32720 ☐ Delete

TITLE
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CITY-ST-ZIP
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RIVERA, WALDO F
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DELAND FL 32720 ☐ Delete

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☐ 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: Waldo F. Rivera (President) WALDO F. RIVERA 4/24/2001 386-985-4510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)