FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State
05-29-2002 93593 007 ***150.00

DOCUMENT # P02000049249

1. Entity Name

Delia Investigations, Inc.

97248

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
308 Tequesta Dr	P.O. Box 33322
Suite, Apt. #, etc. # 19	Suite, Apt. #, etc.
City & State Tequesta, Fl.	City & State Tequesta, Fl.
Zip 33469 Country Palm Beach	Zip 33469 Country Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1014179 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Chris A. Delia

Street Address/P.O. Box Number is Not Acceptable: 308 Tequesta, Fl. 33469

19

City: Tequesta 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: Chris A. Delia CHRIS A. DELIA 07/01/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	Owner/President
NAME	Chris A. Delia
STREET ADDRESS	308 Tequesta Dr. #19
CITY-ST-ZIP	Tequesta, Fl. 33469
TITLE	Vice President/Tres
NAME	Christine Delia
STREET ADDRESS	308 Tequesta Dr. # 19
CITY-ST-ZIP	Tequesta, Fl. 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Chris A. Delia CHRIS A. DELIA 4/30/02 (561) 262-2978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #