

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 025 ***150.00

0466307 AV

DOCUMENT # P00000055046

1. Entity Name
DELMARC, INC.



Principal Place of Business
**200 S. HOOVER BLVD..BLDG.201.STE.140
TAMPA FL 33609**

Mailing Address
**200 S. HOOVER BLVD..BLDG.201.STE.140
TAMPA FL 33609**

2. Principal Place of Business
**9300 Treasure Lane
Suite, Apt. #, etc.
6300 TANGLEWOOD DR. NE
City & State
St. Petersburg FL**

3. Mailing Address
**9300 Treasure Lane
Suite, Apt. #, etc.
6300 TANGLEWOOD DR. NE
City & State
St. Petersburg FL**



☒ CHECK HERE IF MAKING CHANGES

Zip **33702** Country **USA**

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4. FEI Number **59-3655519** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LEBLANC, PAUL
9400 TREASURE LANE
SAINT PETERSBURG FL 33702**

7. Name and Address of New Registered Agent
Name **Paul LeBlanc**
Street Address (P.O. Box Number is Not Acceptable)
6300 TANGLEWOOD DR. NE.
City **SAINT PETERSBURG** FL Zip Code **33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul LeBlanc** (NOTE: Registered Agent signature required when reinstating) DATE **04-10-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LEBLANC, PAUL 9400 TREASURE LANE SAINT PETERSBURG FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul LeBlanc** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **04-10-03** DAYTIME PHONE # **727-577-9611**

CR2E034 (10/02)