

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # P00000097439
1. Entity Name DELIGHTHOUSE, INC 01/27A



FILED
03 AUG 28 AM 9: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
927 E CAPE CORAL PKWY
Suite, Apt. #, etc. _____
3. Mailing Address
SAME
Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL Florida
Zip 33904 Country USA
City & State _____
Zip _____ Country _____

4. FEI Number 65-1096817
Applied For _____
Not Applicable _____

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

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7. Name and Address of Current Registered Agent
Name OSCAR H FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable) _____
19267 PINE RUN LN
City FT MYERS FL Zip Code 33912

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 OSCAR H FERNANDEZ/OWNER *[Signature]* DATE 8-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President, Treasurer</u>	TITLE	
NAME	<u>Oscar H. Fernandez</u>	NAME	
STREET ADDRESS	<u>19267 PINE RUN LN</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FT MYERS FL 33912</u>	CITY-ST-ZIP	
TITLE	<u>Secretary</u>	TITLE	
NAME	<u>Melvis E. Fernandez</u>	NAME	
STREET ADDRESS	<u>19267 PINE RUN LN</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FT MYERS FL 33912</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* DATE 8-17-03 (239) 229-9647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)