

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90142 036 ***150.00

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DOCUMENT # P00000107700

1. Entity Name
DELCOR DEVELOPMENT, INC.

Principal Place of Business 280 S. COLLIER BLVD. #2203 MARCO ISLAND FL 34145	Mailing Address 280 S. COLLIER BLVD. #2203 MARCO ISLAND FL 34145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number
Applied For Applied For
 Not Applicable

Zip Country Zip Country 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

**CHILDS, DONALD G
 983 N. COLLIER BOULEVARD
 MARCO ISLAND FL 34145**

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 _____ (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P JOANNE C. DELAPA 66 OAK STREET BOX 244 WESTWOOD, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		V JOSEPH A. DELAPA 66 OAK STREET BOX 244 WESTWOOD, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		S, T JAMINE E. STEMAN 19 DELAPA CIR So. WARE, MA 02071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joanne C. Delapa* **Joanne C. DELAPA** Date 4/25/01 Daytime Phone # 782-269-3384

CR2E034 (10/00)