

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0368695
AV

DOCUMENT # P00000117490

1. Entity Name
DELTA FINANCIAL CORP.



FILED

03 FEB 24 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



300014095123

03/14/03 CHECK HERE IF MAKING CHANGES

Principal Place of Business
5100 N. DIXIE HWY
#200
OAKLAND PARK FL 33334

Mailing Address
5100 N. DIXIE HWY
#200
OAKLAND PARK FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1065149

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

LALONDE, AMY
2715 E. OAKLAND PARK BLVD., 2ND FLOOR
FT. LAUDERDALE FL 33306

Name

Stephen Lalonde

Street Address (P.O. Box Number is Not Acceptable)

5100 N DIXIE Hwy Suite 200

City

Oakland Park

FL

Zip Code

33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/03.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Delete
NAME LALONDE, AMY
STREET ADDRESS 2715 E. OAKLAND PARK BLVD., 2ND FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE D ☒ Delete
NAME LALONDE, AMY
STREET ADDRESS 2715 E. OAKLAND PARK BLVD., 2ND FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PVST ☒ Change ☐ Addition
NAME LALONDE, STEPHEN
STREET ADDRESS 5100 N DIXIE Hwy Suite 200
CITY-ST-ZIP Oakland Park, FL 33334

TITLE D ☒ Change ☐ Addition
NAME LALONDE, STEPHEN
STREET ADDRESS 5100 N DIXIE Hwy Suite 200
CITY-ST-ZIP Oakland Park, FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03.

Date

(954) 709 4489

Daytime Phone #

0368695 (10/01)