## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

P01000018532

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

DOCUMENT # 1. Entity Name

DELFINO ESTATES, INC.



Country

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Name

City

Principal Place of Business 101 S. EVERS ST.

PLANT CITY FL 33566

Zip

DELFINO, RAY

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

101 S. EVERS ST. PLANT CITY FL 33566

the obligations of registered agent.

DELFINO, RAY

101 S. EVERS ST.

PLANT CITY FL 33566

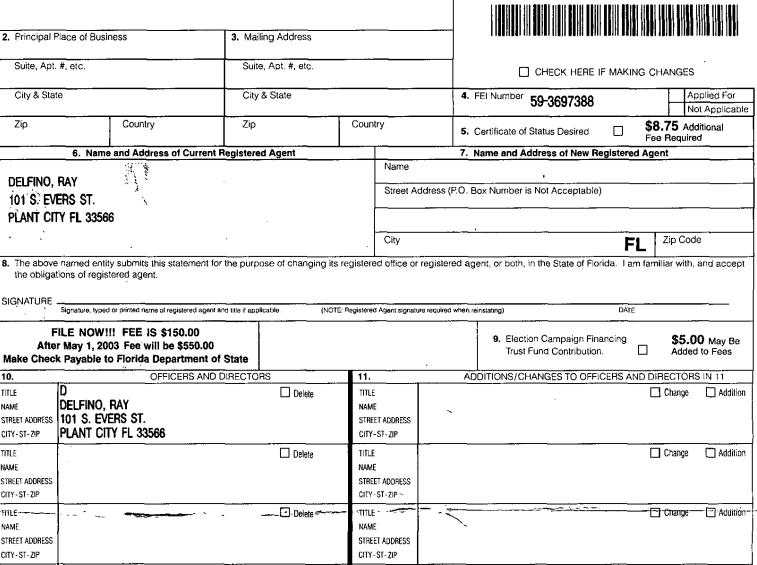
Mailing Address 101 S. EVERS ST. PLANT CITY FL 33566

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

**FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90202 037 \*\*\*150.00



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 truetee 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

CITY-ST-ZIP

☐ Change

☐ Change

Change

Addition

Addition

Addition