2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am Secretary of State DOCUMENT # P01000018679 1. Entity Name 05-10-2002 90051 047 ***150.00 DELTA PROPERTY SERVICES, INC. Principal Place of Business Mailing Address 6801 SPENCER CIRCLE 6801 SPENCER CIRCLE U USU W U **TAMPA FL 33610** TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State -City & State 4. FEI Number - Applied For -✓ Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILBER, FREDERICK M Street Address (P.O. Box Number is Not Acceptable) **6801 SPENCER CIRCLE** TAMPA FL 33610 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILBER, FREDERICK M NAME z -STREET ADDRESS 6801 SPENCER CIRCLE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 in paper 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Change

☐ Addition