8/18/2002-90130-012-$550.00-$550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019954

1. Entity Name
BETA DELTA CORPORATION

FILED
02 DEC 27 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~5656 ISABELLE AVENUE~~	~~5656 ISABELLE AVENUE~~
~~SUITE 4 D~~	~~SUITE 4 D~~
PORT ORANGE FL 32127	~~PORT ORANGE FL 32127~~

New

2. Principal Place of Business	3. Mailing Address
5571 S. Ridgewood	P.O. Box 238236
Suite, Apt. #, etc. #5	Suite, Apt. #, etc.
City & State: Port Orange, FL	City & State: Allandale, FL
Zip: 32127 Country: Volusia	Zip: 32123 Country: USA

4. FEI Number: 59-3750392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDERS, ROBERT M
~~5656 ISABELLE AVENUE~~
~~SUITE 4 D~~
~~PORT ORANGE FL 32127~~

7. Name and Address of New Registered Agent

Name: Robert M. Seiders
Street Address (P.O. Box Number is Not Acceptable): 5558 Trail Side Drive
City: Port Orange FL Zip Code: 32127

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] Pres
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 8/13/02

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 $550.00
After September 13, 2002 Fee will be $750.00
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

TITLE	President	☐ Delete
NAME	Robert Seiders	
STREET ADDRESS	5558 Trail Side Dr.	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	V.P.	☐ Delete
NAME	Darold Schonsheck	
STREET ADDRESS	98 Spinnaker Cir	
CITY-ST-ZIP	South Daytona, FL 32119	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	400010134204	
CITY-ST-ZIP	01/15/03--01069--021 **217.50	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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: [signature] Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/13/02 Daytime Phone #: 386-3217630