

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90078 042 \*\*\*158.75

0494847 AV

**DOCUMENT # P01000029912**

1. Entity Name

**DELTA PLUS INVESTMENT COMPANY**



Principal Place of Business

**202 1ST AVE NW  
LARGO FL 33770**

Mailing Address

**202 1ST AVE NW  
LARGO FL 33770**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3703245**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CONN, RICHARD D  
202 1ST AVE NW  
LARGO FL 33770**

7. Name and Address of New Registered Agent

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. 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

**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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>PD</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>COSVAS, RICHARD D</b> |                                 |
| STREET ADDRESS | <b>202 1ST AVE NW</b>    |                                 |
| CITY-ST-ZIP    | <b>LARGO FL 33770</b>    |                                 |
| TITLE          | <b>S/T</b>               | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                       |  |
|----------------|---------------------------------------|--|
| TITLE          | <b>PD</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CONN, RICHARD D</b>                |  |
| STREET ADDRESS | <b>(CORRECTION OF NAME ONLY)</b>      |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          | <b>STD</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>GEORGETTE VANKEY MEYLEN</b>        |  |
| STREET ADDRESS | <b>17076 DOLPHIN DRIVE</b>            |  |
| CITY-ST-ZIP    | <b>NORTH REDINGTON BEACH FL 33708</b> |  |
| TITLE          | <b>DJOEF VANKEY MEYLEN</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>17076 DOLPHIN DRIVE</b>            |  |
| STREET ADDRESS | <b>NORTH REDINGTON BEACH FL 33708</b> |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Richard D. Conn*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**4-2-03 727)398-7954**

CR2E034 (10/02)