

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000041675

1. Entity Name

DELTA DEVELOPMENT ENTERPRISES INC



FILED

04 APR 21 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

428 MORNING GLORY LN. N

3. Mailing Address

539 N MILLS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

ORLANDO, FL

4. FEI Number

59-3708910

Applied For

Not Applicable

Zip

32259

Country

Zip

32803

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CHRISTINE CHEW

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

539 N MILLS AVE

City ORLANDO

FL

Zip Code
32803

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

WINNY PAN-PRESIDENT
428 MORNING GLORY LN. N
JACKSONVILLE, FL32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000034174660
04/27/04--01083--007 ***450.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7

DELTA DEVELOPMENT ENTERPRISES, INC.

539 N Mills Ave
Orlando, FL 32803

Dec 09, 2003

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

SUBJECT: Annual Report for 2002-2004

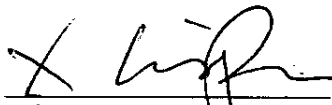
DOCUMENT NUMBER: P01000041675

To whom it may concern,

Please note that since 2002 we haven't received Annual Reports due to the mailing address changed. Our mailing address has changed to 539 N Mills Ave, Orlando, FL 32803.

Enclosed please find the check of \$450.00 for filing fees from year 2002 and 2004. It would be highly appreciated if you could kindly waive the penalty and update your record. Thank you.

Sincerely yours


Winny Pan / President