

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92187 001 ***150.00

DOCUMENT # P01000065812

1. Entity Name

DELPHINIUM, INC.



Principal Place of Business
**4099 TAMIAMI TRAIL NORTH, STE 400
NAPLES FL 34103**

Mailing Address
**4099 TAMIAMI TRAIL NORTH, STE 400
NAPLES FL 34103**

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 **59-3736758**

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

7. Name and Address of New Registered Agent

**BOERIO, THOMAS E
4099 TAMIAMI TRAIL NORTH, STE 400
NAPLES FL 34103**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: **PD POENSIN, CATHERINE** ☐ Delete
STREET ADDRESS: **16 RUE DE MARIGHEN**
CITY-ST-ZIP: **PARIS, FRANCE 75008**

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME: **D BOERIO, THOMAS E** ☐ Delete
STREET ADDRESS: **4039 TAMIAMI TRAIL N. #400**
CITY-ST-ZIP: **NAPLES FL 34103**

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE
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STREET ADDRESS:
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CITY-ST-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
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: *THOMAS E BOERIO, JR.* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

239-262-1040

Daytime Phone #

CR2E034 (10/02)