

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076918

1. Entity Name

DELTA ONE TECHNOLOGIES, INC.

Principal Place of Business

5783 MINING TERRACE, #5  
JACKSONVILLE FL 32257

Mailing Address

5783 MINING TERRACE, #5  
JACKSONVILLE FL 32257

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

59-3734222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, CELINA

724 FRUIT COVE FOREST ROAD E  
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name

Douglas F Cole

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

8460 Dupree Rd.

City

Macclenny

FL

Zip Code

32063

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  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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 PD  
NAME DUETT, DAN  
STREET ADDRESS 1702 TIERRA VERDE LANE  
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ Delete

TITLE VD  
NAME DUETT, BRETT  
STREET ADDRESS 2280 EMILYS WAY  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ Delete

TITLE TD  
NAME DUETT, KEVIN EARL  
STREET ADDRESS 1760 GREENBRIDGE CIRCLE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32259

☐ Delete

TITLE STD  
NAME WILSON, CELINA  
STREET ADDRESS 724 FRUIT COVE FOREST ROAD E  
CITY-ST-ZIP JACKSONVILLE FL 32259

☒ Delete

TITLE VD  
NAME COLE, DOUGLAS  
STREET ADDRESS 8460 DUPREE ROAD  
CITY-ST-ZIP MACCLENNY FL 32063

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Douglas F Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

04-16-2002 90181 014 \*\*\*150.00

31190



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)