

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

05-02-2002 90055 026 ***150.00

FILED

02 MAY -8 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087809

1. Entity Name

THE DELTIC Group, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

75 STARLIGHT LANE

Suite, Apt. #, etc.

75 STARLIGHT LANE

City & State

CHERRY LOG GA

City & State

CHERRY LOG GA

4. FEI Number

54-1672528

Applied For

Not Applicable

Zip

30522

Country

USA

Zip

30522

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DANIEL J. NEWMAN

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

13540 NORTH FLORIDA AVENUE

SUITE 101

City

TAMPA

FL

Zip Code

33613

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

Daniel J. Newman

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P/N/T/S
JAMES F. LAY
75 STARLIGHT LANE
CHERRY LOG GA 30522**

TITLE
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IN THIS SPACE**

4/15/02

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

SIGNATURE:

JAMES F. LAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

(704) 632-3763

Daytime Phone #

CR2E034B (12/01)