

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90178 032 ***150.00

DOCUMENT # P02000028774

1. Entity Name
DELPHINI BUILDERS, INC.



Principal Place of Business
562 SOUTH COUNTY ROAD 427
LONGWOOD FL 32750

Mailing Address
POST OFFICE BOX 522414
LONGWOOD FL 32752-2414

2. Principal Place of Business
845 Sunshine Lane
Suite, Apt. #, etc.

3. Mailing Address
845 Sunshine Lane
Suite, Apt. #, etc.

City & State
Altamonte Springs FL
Zip
32714
Country
Seminole

City & State
Altamonte Springs FL
Zip
32714
Country
Seminole

4. FFL Number
82-0549305

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

SHIRLEY JONATHAN W
171 CIRCLE DRIVE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
Ken Delp II
Street Address (P.O. Box Number is Not Acceptable)
845 Sunshine Lane
Altamonte Springs FL Zip Code 32714

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 *Ken Delp, President*
Signature, typed or printed name of registered agent and title if applicable.

2.11.03
DATE

(NOTE: Registered Agent signature required when reinstating)

FIVE 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 STREET ADDRESS CITY-ST-ZIP	D DELP, KENNETH M II POST OFFICE BOX 522414 LONGWOOD FL 32750	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	845 Sunshine Lane Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ken Delp, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.11.03 407.830.7447
Date Daytime Phone #

CR2E034 (10/02)