

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90349 013 ***150.00

DOCUMENT # P34139

1. Entity Name
DELTA MERCHANDISING, INC.



Principal Place of Business
**4902 W. WATERS AVENUE
TAMPA FL 33634
US**

Mailing Address
**4902 W. WATERS AVENUE
TAMPA FL 33634
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0874341**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 **PD** ☒ Delete
NAME **KAGAN, MICHAEL**
STREET ADDRESS **4902 W. WATERS AVENUE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **P** ☐ Change ☒ Addition
NAME **Christopher B. Munday**
STREET ADDRESS **4902 W. Waters Ave.**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **V** ☐ Delete
NAME **MCPHERSON, N. LARRY**
STREET ADDRESS **4902 S. WATER AVENUE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **V/T/D** ☒ Change ☐ Addition
NAME **4902 W. Waters Avenue**
STREET ADDRESS **4902 W. Waters Avenue**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **ST** ☐ Delete
NAME **WILLIAMS, GREGORY**
STREET ADDRESS **4902 W. WATERS AVENUE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **SN** ☒ Change ☐ Addition
NAME **4902 W. Waters Avenue**
STREET ADDRESS **4902 W. Waters Avenue**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **S** ☒ Delete
NAME **COHAN, ROBIN**
STREET ADDRESS **4902 W. WATERS AVENUE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **S** ☐ Change ☒ Addition
NAME **Karen Castillo**
STREET ADDRESS **4902 W. Waters Ave.**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **V** ☐ Delete
NAME **CLENNEY, CAROL A**
STREET ADDRESS **4902 W. WATERS AVENUE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition
NAME **4902 W. Waters Avenue**
STREET ADDRESS **4902 W. Waters Avenue**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Delete
NAME **4902 W. Waters Avenue**
STREET ADDRESS **4902 W. Waters Avenue**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Change ☐ Addition
NAME **4902 W. Waters Avenue**
STREET ADDRESS **4902 W. Waters Avenue**
CITY-ST-ZIP **Tampa, FL 33634**

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:

CAROL CLENNEY - SVP-Tax 4/14/03 (813) 249-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)