

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000001095**

1. Entity Name

DELUDE ASSOCIATES, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90213 032 ***158.75

Principal Place of Business

**103 E LAUREN CT
FERN PARK FL 32730**

Mailing Address

**103 E LAUREN CT
FERN PARK FL 32730**

2. Principal Place of Business

685-B GEORGIA AVE

Suite, Apt. #, etc.

3. Mailing Address

685-B GEORGIA AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD FLORIDACity & State
LONGWOOD FLORIDA4. FEI Number **59-2509370**

Applied For

Not Applicable

Zip
32750Country
SEMINOLEZip
32750Country
SEMINOLE5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELUDE, ED
103 E LAUREN CT
FERN PARK FL 32730**

7. Name and Address of New Registered Agent

Name **ROSA L. DEVORE**

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

685-B GEORGIA AVENUECity **LONGWOOD**

FL

Zip Code
32750

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 **Rosa L Devore**

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

(NOTE: Registered Agent signature required when reinstating)

1/23/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DELUDE, EDWARD G SR 103 E. LAUREN CT. FERN PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELUDE, EDWARD G J 146 GASHES CREEK ROAD ASHEVILLE NC 28803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELUDE, MARK 81 BLAKE DR ARDEN NC 28704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T ROSA L. DEVORE 685-B GEORGIA AVE LONGWOOD, FLORIDA 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01 (407) 830-0297

CR2E034 (10/00)