2001	UNIFURM	BO2INE22	REPUR B	U
OCUM	IENIT # PQ	2000014190	<u> </u>	

1. Entity Name

DELTA STAR ELECTRIC, INC.

Principal Place of Business

3228 CORRINE DR ORLANDO FL 32803

US

Mailing Address

3228 CORRINE DR ORLANDO FL 32803

2. Principal Place of Business 3. Mailing Address Corrine Dr. 3222 Suite, Apt. #, etc.

City & State Orlando, 7L		City & State Orlando, 7L		4. FEI Number 59-3163720	Applied For	
				00 0 100720	Not Applicable	
^{Zip} 31803	Country	Zip 32803	Country		\$8.75 Additional ee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 4. The control of t						
			Name			

VERNER, PATRICK 3228 CORRINE DR ORLANDO FL 32803

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Street Address (P.O. Box Number is Not Acceptable)
3222 Cormine Pr

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

e of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE VERNER, PATRICK NAME NAME 3222 Corrine Dr. 3228 CORRINE DR STREET ADDRESS STREET ADDRESS Orlando, H 32803 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL SVP TITLE ☐ Delete TITLE BRENNER, ANDREW SKIP NAME NAME 3222 Corrine Dr. Orlando, 71 32803 STREET ADDRESS 3228 CORRINE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR