

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029879

1. Entity Name

DE LOACH & ASSOCIATES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90137 049 ***150.00

Principal Place of Business

8304 REVELS ROAD
RIVERVIEW FL 33569

Mailing Address

8304 REVELS ROAD
RIVERVIEW FL 33569-4724

2. Principal Place of Business

12333 YELLOW ROSE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

12333 YELLOW ROSE CIRCLE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

RIVERVIEW, FL

City & State

RIVERVIEW, FL

4. FEI Number

59-3179571

Applied For

Not Applicable

Zip

33569

Country

HILLSBOROUGH

Zip

33569

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LOACH, JO ANNA
8304 REVELS ROAD
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

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

12333 YELLOW ROSE CIRCLE

City

RIVERVIEW

FL

Zip Code

33569

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

Jo Anna DeLoach President

4/25/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	DE LOACH, JO ANNA D	
STREET ADDRESS	8304 REVELS ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DE LOACH, WILLIAM S	
STREET ADDRESS	8304 REVELS ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12333 YELLOW ROSE CIRCLE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12333 YELLOW ROSE CIRCLE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

William S. DeLoach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/00

Daytime Phone #

813/677-8428

CR2E034 (9/99)