

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P93000051153**

1. Entity Name

**DELMAR ENTERPRISES OF THE  
PALM BEACHES, INC**

**DO NOT WRITE IN THIS SPACE**

**FILED**

**03 DEC 23 PM 3:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

**5332 Lake Worth Rd.  
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 540552  
Suite, Apt. #, etc.**

**2003 AMENDED**

City & State

**Lake Worth, FLORIDA**

City & State

**Greenacres, FLORIDA**

4. FEI Number

**65-0491612**

Applied For

Not Applicable

Zip

**3346-3**

Country

**USA**

Zip

**33454**

Country

**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**DEL R. HIGHFIELD**

Street Address (P.O. Box Number is Not Acceptable)  
**5332 Lake Worth Road**

City  
**Lake Worth**

FL

Zip Code

**33463**

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

**Del R. Highfield**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12-15-03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PRESIDENT  
DEL R. HIGHFIELD  
P.O. Box 540552  
GREENACRES, FLORIDA 33454**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**500025727465  
12/23/03--01034--015 \*\*61.25**

TITLE

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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 on an attachment with an address with all other like empowered.

SIGNATURE

**Del R. Highfield**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12-15-03 5612369077**

Daytime Phone #