

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90321 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000051153

1. Entity Name
**DELMAR ENTERPRISES OF THE PALM BEACHES,
INC.**



90114381

Principal Place of Business
5332 LAKEWORTH RD
LAKE WORTH, FL 33463 US

Mailing Address
5332 LAKEWORTH RD
LAKEWORTH, FL 33463 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0481612

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

HIGHFIELD, DEL R
5332 LAKEWORTH RD
LAKEWORTH, FL 33463

7. Name and Address of New Registered Agent

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 releasing)

DATE

PLEASE ADVISE THE SECRETARY OF STATE BY MAIL OF ANY CHANGE OF ADDRESS FOR THE REGISTERED AGENT OF THIS ENTITY.
Make a copy available to the 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D HIGHFIELD, DEL R ☐ Delete
2700 6TH AVE. SOUTH
LAKE WORTH, FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D HIGHFIELD, MARRILEE W ☐ Delete
2700 6TH AVE. SOUTH
LAKE WORTH, FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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, title or other like empowered.

SIGNATURE:

Signature and Title of Registered Agent or Director

Date

Daytime Phone

CRS-004 (10/02)

Del R. Highfield 4-27-03 5619651653