

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046443

1. Entity Name

DELMAN PRINTING & GRAPHICS, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90151 016 ***150.00

Principal Place of Business

Mailing Address

822 N.W. SORRENTO LANE
PORT ST. LUCIE FL 34986
US

822 N.W. SORRENTO LANE
PORT ST. LUCIE FL 34986
US

2. Principal Place of Business

3. Mailing Address

5764 NW Cone ST

5764 NW Cone ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Port ST. Lucie

Port ST Lucie

City & State

City & State

Florida

Florida

Zip

Country

34986

US

Zip

Country

34986

US

4. FEI Number 22-3044117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELMAN, SHELDON
822 N.W. SORRENTO DRIVE
PORT ST. LUCIE FL 34986

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.

SIGNATURE

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.
(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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME DELMAN, SHELDON
STREET ADDRESS 822 N.W. SORRENTO LANE
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE ☒ Change ☐ Addition
NAME 5764 NW Cone ST
STREET ADDRESS PORT ST Lucie FL 34986
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Sheldon Delman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheldon DELMAN

Date

4/13/01

Daytime Phone #

5613448620

CR2E034 (10/00)