

1/22/01-

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-22-2001 90124 023 ***150.00

DOCUMENT # P94000083509

1. Entity Name

DELIGHTS MANAGEMENT, INC.

Principal Place of Business

35 W PINE ST
 SUITE 218
 ORLANDO FL 32801

Mailing Address

35 W PINE ST
 SUITE 218
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3279883**

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

FASOLAS, PAUL
35 W PINE ST
SUITE 218
ORLANDO FL 32801

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 **VP**
 NAME **FASOLAS, MARGARET P**
 STREET ADDRESS **35 W. PINE ST., STE. 218**
 CITY-ST-ZIP **ORLANDO FL 32801**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT
FASOLAS, PAUL B.
35 W PINE ST, STE 218
ORLANDO, FL 32801

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied
 indicated on this report or supplemental
 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.

(3)(i). Florida Statutes. I further certify that the information
 indicated on this report or supplemental
 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: *Paul B. Fasolas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/01

Date

(407) 849-0343

Daytime Phone #

CR2E034 (10/00)