## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **FILED** May 02, 2002 8:00 am Secretary of State P95000036590 DOCUMENT # 1. Entity Name DELTA MANAGEMENT GROUP SHOW SERVICES INC. 05-02-2002 90155 031 \*\*\*150.00 Mailing Address Principal Place of Business 15110 PINE VALLEY BLVD 15110 PINE VALLEY BLVD CLERMONT FL 34711 CLERMONT FL 34711 3. Mailing Address 2. Principal Place of Business 15110 Pine Valley Blvd 15110 Pine Valley Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-3192691 Clermont FL 34711 Not Applicable Clermont FL 34711 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 34711 34711 Lake Lake 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Frances M. Lasley / Franklin E Lasley L'ASLEY, FRANKLIN E Street Address (P.O. Box Number is Not Acceptable) 15110 PINE VALLEY BLVD 15110 Pine Valley Blvd **CLERMONT FL 34711** City Clermont 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change xx Addition ☐ Delete TITLÉ TITLE Frances M Lasley Vice Pres LASLEY, FRANKLIN NAME NAME 15110 Pine Valley Blvd 15110 PINE VALLEY BLVD STREET ADDRESS STREET ADDRESS Clermont FL 34711 CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **KK**Delete TITLE ☐ Change TITLE Lapolla, Warren NAME NAME 3528 WOODLEY PARK PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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