

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078960

1. Entity Name

DELMAR HOMES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90142 001 ***150.00

05-30-2000 90142 002 *****8.75

17388



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
921 PENNSYLVANIA AVENUE FT. LAUDERDALE FL 33312	921 PENNSYLVANIA AVENUE FT. LAUDERDALE FL 33312-2628

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0611163	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, NATHANIEL
921 PENNSYLVANIA AVENUE
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name: KINGSLEY A. BROWN
Street Address (P.O. Box Number is Not Acceptable): 921 PENNSYLVANIA AVE
FT. LAUDERDALE, FL 33312
City: FL Zip Code: 33312

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 _____ (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, 2000 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	
TITLE	P <input type="checkbox"/> Delete
NAME	BROWN, NATHANIEL
STREET ADDRESS	921 PENNSYLVANIA AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33312
TITLE	SH <input type="checkbox"/> Delete
NAME	BROWN, KINGSLEY
STREET ADDRESS	3848 W. BROWARD BLVD
CITY-ST-ZIP	PLANTATION FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kingsley A. Brown 5/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #