

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90088 042 ***150.00

DOCUMENT # P95000091051

1. Entity Name
DELTA TRUSS, INC.



Principal Place of Business
**8807 ELY ROAD
ELLISON FIELD
PENSACOLA FL 32514**

Mailing Address
**8807 ELY ROAD
ELLISON FIELD
PENSACOLA FL 32514**



2. Principal Place of Business
3331 McLEMORE DR

3. Mailing Address
3331 McLEMORE DR

Suite, Apt. #, etc.
3

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number
59-3341483

Applied For
☐ Not Applicable

Zip
32514

Country

Zip
32514

Country

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

**RICK SPRAGUE
8807 ELY RD.
ELLISON FIELD
PENSACOLA FL 32514**

Name
Richard Weaver

Street Address (P.O. Box Number is Not Acceptable)

3331 McLEMORE DR

City
PENSACOLA

FL

Zip Code
32514

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

Richard Weaver; President

3-10-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida 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
**PSD
RICHARD WEAVER
8807 ELY RD., ELLISON FIELD
PENSACOLA FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
RICK SPRAGUE
8807 ELY RD., ELLISON FIELD
PENSACOLA FL** ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Richard Weaver

3-10-03

850-474-1187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)