

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092867

1. Entity Name

DELTA REGIS TOOLS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90078 043 ***150.00

Principal Place of Business

Mailing Address

3315 INDUSTRIAL 25 ST
FT PIERCE FL 34946

3315 INDUSTRIAL 25 ST
FT PIERCE FL 34946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0635386

Applied For

Not Applicable

Zip

Country

Zip

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

DEADMAN, THOMAS G
3315 INDUSTRIAL 25 ST
FT PIERCE FL 34946

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DEADMAN, ROBERT N
STREET ADDRESS 1353 INUIT TR
CITY-ST-ZIP MISSISSAUGA LSN- 7R5

TITLE ☒ Change ☐ Addition
NAME P DEADMAN, THOMAS G.
STREET ADDRESS 4702 EAGLE DRIVE
CITY-ST-ZIP FT. PIERCE, FL 34951

TITLE ☐ Delete
NAME ST DEADMAN, CONSTANCE I
STREET ADDRESS 4702 EAGLE DRIVE
CITY-ST-ZIP FT PIERCE FL 34951

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

TITLE ☐ Delete
NAME DEADMAN, ROBERT N
STREET ADDRESS 2035 AMHERST HEIGHTS COURT, UNIT 25
CITY-ST-ZIP BURLINGTON ON

TITLE ☒ Change ☐ Addition
NAME D DEADMAN, ROBERT N.
STREET ADDRESS 1353 INUIT TRAIL
CITY-ST-ZIP MISSISSAUGA, ON L5N7R5, CANADA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas G. Deadman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS G. DEADMAN

1/04/2000 (561) 465-4302
Date Daytime Phone #

CR02EN34 10/000