## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 1. Entity Name

P96000010540

DELTA INT'L OUTDOOR SALES, INC.



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90403 050 \*\*\*150.00

	,							
9200 S.W. 103RD STREET P		PO	Mailing Address PO BOX 2258 BIG RIVER CA 92242					
								I DI FILITIFI
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING	G CHANGE:	3
City & State		City & State				4 EEI Number		
Zip Country		Zip Country			<u> </u>	65-0652572		lot Applicable
				_ Coding	y	5. Certificate of Status Desired	\$8.75 Ad Fee Requir	
	6. Name and Address of Curr	ent Register	ed Agent		Name	7. Name and Address of New Registered		
TRAUTMAN, EILEEN								
	Dadeland Blvd.			Street Address (F	P.O. Box Number is Not Acceptable)			
#600								
MIAMI FL 33156					City		Zin Co.	
The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent.					•	FL	Zip Cod	
the obliga	ations of registered agent.	it for the burk	oose of changing its	s registered	office or registere	ed agent, or both, in the State of Florida. I am:	iamiliar with.	, and accept
SIGNATURE								
	Signature, typed or printed name of registered ag	gent and title if app	olicable. (NOT	TE: Registered A	gent signature required v	when reinstating) DATE		
F	FILE NOW!!! FEE IS \$150.00			· · ·		0.51		<del></del>
Aπe Make Chec	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	00 t of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees
10.	OFFICERS A	ND DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME	P Brown, Hal III		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS	PO BOX 2258			NAME STREET A	ADDRESS			
CITY-ST-ZIP	BIG RIVER CA 92242			CITY-ST				
TITLE	VP	·	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	FERRER, RUDY 9200 S.W. 103RD ST			NAME	- 1		Unlange	
CITY-ST-ZIP	MIAMI FL 33176			STREET A				
TITLE			☐ Delete	TITLE			Change	
NAME			_ 2000	NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STREET A	1			1
TITLE				CITY-ST-	ZIP			
NAME			☐ Delete	TITLE NAME	j		Change	☐ Addition
STREET ADDRESS				STREET AL	DDRESS			}
CITY-ST-ZIP				CITY-ST-	ZIP			
ritle Name			☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS				NAME Street ad	nneree			
CITY-ST-ZIP				CITY-ST-	·			
TITLE		·	☐ Delete	TITLE	<del></del>			
IAME			1958	NAME			☐ Change	☐ Addition
TREET ADDRESS				OTDG AD	I			

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

-6-03 76 Date Da

760-665-5052 Daytime Phone #