2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

TAMPA FL 33605

3. Mailing Address

City & State

Suite, Apt. #, etc.

3904 ADAMO DRIVE

P96000015020 DOCUMENT

1. Entity Name

DELTA ACQUISITION CORP.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3904 ADAMO DRIVE

TAMPA FL 33605

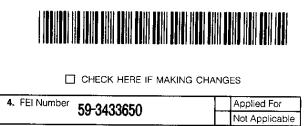


FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90086 002 ***150.00

22003799

\$8.75 Additional



DATE

5. Certificate of Status Desired

Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code

Country

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.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

Country

9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) Change ☐ Addition CALLAHAN, MICHAEL L JR NAME NAME 1825 FELLOWSHIP ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TUCKER GA 30085-1528 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WHITCOMB, RICHARD A NAME STREET ADDRESS 1825 FELLOWSHIP ROAD STREET ADDRESS CITY-ST-7IP TUCKER GA 30085-1528 CITY-ST-ZIP TITLE ☐.Delete TITLE --- · 🗀 Change Addition NAME MUELLER, RICHARD K NAME STREET ADDRESS 1825 FELLOWSHIP RD. STREET ADDRESS CITY-ST-7IP TUCKER GA 30085-1528 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME BEUMER. BERNARD J NAME STREET ADDRESS 1825 FELLOWSHIP RD STREET ADDRESS CITY-ST-ZIP TUCKER GA 30085-1528 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: