

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90137 014 ***150.00

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DOCUMENT # P96000026587

1. Entity Name
DELFINO & ASSOCIATES, INC.



Principal Place of Business
**2930 SW 87 TERR #1813
DAVIE FL 33328**

Mailing Address
**2930 SW 87 TERR #1813
DAVIE FL 33328**

2. Principal Place of Business

7934 Shirlene Bridge Blvd
Suite, Apt. #, etc.

3. Mailing Address

7934 Shirlene Bridge Blvd S.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach, Florida

City & State
Delray Beach, Florida

4. FEI Number **65-0658085**

Applied For
Not Applicable

Zip
33446

Country
U.S.A.

Zip
33446

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELFINO, ROBERT A JR
2930 SW 87 TERRACE #1813
DAVIE FL 33328**

New Address

7. Name and Address of New Registered Agent

Name
Delano, Robert A. Jr.
Street Address (P.O. Box Number is Not Acceptable)
7934 Shirlene Bridge Blvd. S.
City
Delray Beach FL Zip Code
33446

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/15/2003

**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	D DELFINO, ROBERT A JR 2930 SW 87 TERR #1813 DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **ROBERT A DELANO JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/2003 **561-637-6940**

CR2E034 (10/02)