

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

DOCUMENT # P96000083606

1. Entity Name
DELTA DURABLES, INC.



FILED

03 FEB -5 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2800 NAVY BLVD
SUITE 4
PENSACOLA FL 32505

Mailing Address
2 N. PALAFOX ST.
PENSACOLA FL 32501-5847



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3405478

Applied For

Not Applicable

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

MCCRORY, SONDR
2 N. PALAFOX ST.
PENSACOLA FL 32501

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ Delete
NAME P
STREET ADDRESS BELL, SCOTT J
CITY-ST-ZIP 2 N. PALAFOX ST.
PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
NAME 500011789589
STREET ADDRESS 02/04/03--01078--018
CITY-ST-ZIP **158.75

TITLE ☐ Delete
NAME V
STREET ADDRESS FERGUSON, KEN
CITY-ST-ZIP 2 N. PALAFOX ST.
PENSACOLA FL 32501

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

TITLE ☐ Delete
NAME S
STREET ADDRESS FOSTER, DANA R
CITY-ST-ZIP 2 N. PALAFOX ST.
PENSACOLA FL 32501

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

TITLE ☐ Delete
NAME T
STREET ADDRESS TOLAN, JOHN J J
CITY-ST-ZIP 2 N. PALAFOX ST.
PENSACOLA FL 32501

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TREHERN, EDWARD
CITY-ST-ZIP 2 N. PALAFOX ST.
PENSACOLA FL 32501

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ST. PE, GERALD
CITY-ST-ZIP 2 N. PALAFOX ST.
PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

850-432-0650

Daytime Phone #

CR2E034 (10/02)