

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90311 019 ***150.00

DOCUMENT # P96000099567

1. Entity Name

DELLECKER, WILSON & KING, P.A.

Principal Place of Business

**719 VASSAR STREET
ORLANDO FL 32804**

Mailing Address

**719 VASSAR STREET
ORLANDO FL 32804**

2. Principal Place of Business

DELLECKER WILSON & KING

3. Mailing Address

719 VASSAR STREET

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number

59-3416599

Applied For

Not Applicable

Zip
32804

Country
USA

Zip
32804

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELLECKER, ROBERT
719 VASSAR STREET
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **P** ☐ Delete
NAME **DELLECKER, ROBERT**
STREET ADDRESS **719 VASSAR STREET**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Delete
NAME **WILSON, BRIAN T**
STREET ADDRESS **719 VASSAR STREET**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **DVP** ☐ Delete
NAME **KING, SAMUEL P**
STREET ADDRESS **719 VASSAR STREET**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **VP/Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Assistant Secretary**
STREET ADDRESS **KENNETH J. McKENNA**
CITY-ST-ZIP **719 VASSAR STREET
ORLANDO, FL 32804**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **WILLIAM E. RUFFIER**
CITY-ST-ZIP **719 VASSAR STREET
ORLANDO, FL 32804**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 244-3000

CR2E034 (9/01)