

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

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90354 043 ***550.00

DOCUMENT # P97000012353

1. Entity Name

DELMAR AUTOMOTIVE, INC.

DO NOT WRITE IN THIS SPACE

B0126353

2. Principal Place of Business

6925 INTERBAY BLD

Suite, Apt. #, etc.

3. Mailing Address

6925 INTERBAY BLD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3437278

Applied For

Not Applicable

Zip

33616

Country

USA

Zip

33616

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name STANLEY COURTNEY

Street Address (P.O. Box Number is Not Acceptable)

6925 INTERBAY BLD

City TAMPA

FL

Zip Code
33616

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

STANLEY COURTNEY

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

(NOTE: Registered Agent signature required when naming)

4/10/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$850.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COURTNEY, STANLEY
6925 INTERBAY BLD
TAMPA FL 33616

TITLE
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IN THIS SPACE**

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 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 #

OR020348 (12/01)