

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90066 028 ***150.00

DOCUMENT # P97000049845

1. Entity Name
DELRAIN, INC.



Principal Place of Business
**1779 S PATRICK DR
INDIAN HARBOR BEACH FL 32937
US**

Mailing Address
**1779 S PATRICK DR
INDIAN HARBOR BEACH FL 32937
US**

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 **59-3452427**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CAFIERO, DOLORES
1779 S PATRICK DR
INDIAN HARBOUR BEACH FL 32937**

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

SIGNATURE *Dolores Cafiero*

(NOTE: Registered Agent signature required when reinstating)

3/10/03

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAFIERO, DOLORES	
STREET ADDRESS	255 PARADISE BLVD. #45	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SCOMA, LARINE	
STREET ADDRESS	116 LEE ST.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOMA, LOUIS T	
STREET ADDRESS	116 LEE ST	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CAFIERO, LAWRENCE	
STREET ADDRESS	255 PARADISE BLVD # 45	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dolores Cafiero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

321 779-9100
Daytime Phone #

CR2E034 (10/02)