

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90279 041 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **997 000070293** ✓1. Entry Name
Delta Springs International, Inc.

Principal Place of Business Mailing Address
11449 Autumn Wind Loop 1149 Autumn Wind Loop
Clermont, FL 34711 Clermont, FL 34711
US US

768560

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

59-3466383

Applied For

[] Not Applicable

5. Certificate of Status Desired ☐**\$6.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

Soraya Tomaddon
11449 Autumn Wind Loop
Clermont, FL 34711

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 printed name or registered agent and title (if applicable)

Notarized Agent's Signature (Required when Transferring)

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
AND MAY 1, 2001. Fee will be \$550.00
Make Check Payable to Department of State

10. ELECTION Campaign Financing
 Trust Fund Contribution ☐

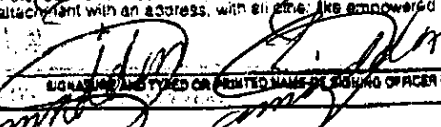
\$5.00 May be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
D	Tamaddon, Soraya	11449 Autumn Wind Loop	Clermont, FL 34711	☐
D	Tamaddon, Peyman	11449 Autumn Wind Loop	Clermont, FL 34711	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 prepare 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 signature, and empowered

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Deputy Name

4-26-01**352-243-5699**

CR21034 (11/00)