

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000073344**

1. Entity Name
THE DETLOR CORPORATION

Principal Place of Business
**107 ST GEORGE STREET
SAINT AUGUSTINE FL 32084**

Mailing Address
**107 ST GEORGE STREET
SAINT AUGUSTINE FL 32084**

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 **59-3466953**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LEATHERS, LORA M
4020 GRANDE VISTA BOULEVARD #302
SAINT AUGUSTINE FL 32084**

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 **D** ☐ Delete
NAME **LEATHERS, LORA M**
STREET ADDRESS **4020 GRANDE VISTA BOULEVARD #302**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **D** ☐ Delete
NAME **ECONOMOU, LEON S**
STREET ADDRESS **205 SOUTH BANANA RIVER BLVD #104**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **D** ☐ Delete
NAME **ECONOMOU, WANDA M**
STREET ADDRESS **205 SOUTH BANANA RIVER BLVD #104**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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 **593 CHRISTINA DR.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **593 CHRISTINA DR.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

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

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:

Lora M. Leathers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02 904-808-2014
Date Daytime Phone #

0008409 AV

CR2E034 (9/01)