FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P97000081227 DELISI & GHEE, INC. 94-09-2001 90069 005 \*\*\*150.00 Principal Place of Business Mailing Address 3108 N FEDERAL HWY 3108 N FEDERAL HWY LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 C0043696 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GHEE, JOHN D Street Address (P.O. Box Number is Not Acceptable) 2216 NE 27TH ST LIGHTHOUSE POINT FL 33064 Zip Code Fl 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. 4-5-01 SIGNATURE ed name of registered agent and title if applicable. Signature, typed (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Change Addition ☐ Delete TITLE TITLE **GHEE, JOHN D** NAME STREET ADDRESS STREET ADDRESS 2216 NE 27TH ST CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Vice President, Director X Change ☐ Delete TITLE NAME DELISI, LEO J NAME DeLisi, Leo J. STREET ADDRESS STREET ADDRESS 22 ARROW GLEN 375 Stone Ridge Drive CITY-ST-ZIP CITY-ST-ZIP East Greenwich, RI 02818 CRANSTON RI 02921 TITLE-್ ್ಕ್-೯ ಕ ☐ Delete -TITLE - ---Change. ☐ Addition NAME GHEE, DOROTHY G NAME STREET ADDRESS 2216 NE 27TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33050 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP ☐ Change THILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP 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 of frustee) prowered 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:** 

John D. Ghee, President

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

954-783-5055

Date

Daytime Phone #