FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 91212 008 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030232

1. Entity Name
DELMARKAI CORP.

55038970

[redacted]

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1312 PALMDALE CT.	4275-C Okeechobee Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Bch, Florida	City & State: West Palm Bch, FLORIDA
Zip: 33411 Country: USA	Zip: 33409 Country: USA

4. FEI Number: 582383119 ☐ Applied For ☐ Not Applicable

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: AMERILAWYER, SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA AVE

City: CORAL GABLES, FLORIDA FL Zip Code: 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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: PRESIDENT NAME: JACK L. CLOE STREET ADDRESS: 1312 PALMDALE CT. CITY-ST-ZIP: WEST PALM BCH, FL, 33411	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VICE PRESIDENT NAME: PEGGY J. CLOE STREET ADDRESS: 1312 PALMDALE CT. CITY-ST-ZIP: WEST PALM BCH, FL. 33411	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SECRETARY NAME: JACK L. CLOE STREET ADDRESS: 1312 PALMDALE CT. CITY-ST-ZIP: WEST PALM BCH, FLORIDA, 33411	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TREASURER NAME: PEGGY J. CLOE STREET ADDRESS: 1312 PALMDALE CT. CITY-ST-ZIP: WEST PALM BCH., FLORIDA, 33411	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy J. Cloe (PEGGY J. CLOE) Vice President 4-16-03 561 683-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #