

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047324

1. Entity Name

DELPHI - TAMPA CORPORATION

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90088 049 ***150.00

Principal Place of Business

Mailing Address

~~4002 STATE ST~~
~~TAMPA FL 33609~~

~~4002 STATE ST~~
~~TAMPA FL 33609-1264~~

A0009702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11780 N. DALE MARRY

11780 N. DALE MARRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

TAMPA FL

4. FEI Number

59-3522885

Applied For

Not Applicable

Zip

Country

Zip

Country

33618

33618

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, DANIEL F

~~4002 STATE ST~~
~~TAMPA FL 33609~~

Name

Street Address (P.O. Box Number is Not Acceptable)

4403 W. CLEVELAND ST.

City

TAMPA

FL

Zip Code

33609

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, DANIEL F	
STREET ADDRESS	4002 STATE ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-608-2923
JAN-11-00 X11

CR2E034 (9/99)