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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)			1 04-09-2002 91165 029 ***150.00		
DOCUMENT # P 9 8000056359				.9 130.00	
DELANEY, GREENLAND AND MYERS INC.			c.		
DO NOT WRITE	IN THIS SDA	·CE			
DO NOT WRITE IN THIS SPACE			- 0 0 1 0 7 9		
Principal Place of Business			80061972		
3220 NW107h AVE					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
COMAL SPRINGS, FL	CORAL SPRINGS FL			Applied For Not Applicable	
33065 Country U.S.A	2ip 3 3065	USA		\$8.75 Additional Fee Required	
The state of the s			7Name and Address of Current Registered Agent		
			EGORY GREENLAND		
			ess (P.O. Box Number is Not Acceptable)		
IN THIS SPACE			220 NW 107 HACTHURE		
		City Co	MAL SPRINGS FL	Zip Code 3306	
8. The above named entity submits this statement for the purpose of changing its registered office or re					
SIGNATURE	LLONU GREEN	Lows to	LES IDENT	3/28/12	
Signature, typed or printed name of regi			ed 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) January 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND		le to pepartment of	· Otale		
	70 (TITLE	•	CR2E034B (12/01)	
NAME STREET ADDRESS 170 I W HILLS BORD BLUD 102		NAME	AME		
And an an an annual		STREET ADDRESS CITY - ST - ZIP	•	83	
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NAME 1701 W HILLS BORD BUVD 102		NAME		ਹ	
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NAME STREET ADDRESS 220 NW 107h AT COTAL SPRINGS FL 33067		NAME	والمراجعة والمستقطعة فلاداء المحادث المتابعة والمراز والمستحديد والمستحدد	المراد والمواجعة المداعية موزي	
STREET ADDRESS 3220 NW 107th AC		STREET ADORESS	DO NOT WRIT	r e	
TITLE CORAL SPRING	S FL 33061	CITY - ST - ZIP			
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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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.					
SIGNATURE: STUDENT (THEOLOGY) 3/2/2 954-752-0653					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					