

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90034 007 \*\*\*150.00

**DOCUMENT # P98000082806**

1. Entity Name  
**DELTA PRESS, INC.**

Principal Place of Business

**38 GEORGETOWN  
FORT MYERS FL 33919**

Mailing Address

**38 GEORGETOWN  
FORT MYERS FL 33919**

2. Principal Place of Business

**2101 MCGREGOR PARK Circle**  
Suite, Apt. #, etc.

3. Mailing Address

**2101 MCGREGOR PARK Circle**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FORT MYERS, FL**

Zip  
**33908**

Country  
**LEE**

City & State  
**FORT MYERS, FL**

Zip  
**33908**

Country  
**LEE**

4. FEI Number **65-0865016**

Applied For  
☐ Not Applicable

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

**CATHERS, ROBERT E  
38 GEORGETOWN  
FORT MYERS FL 33919**

Name

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

**2101 MCGREGOR PARK Circle**

City  
**FORT MYERS**

FL

Zip Code  
**33908**

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 \_\_\_\_\_ (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, 2001 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 ☐ Delete  
NAME **D CATHERS, ROBERT E**  
STREET ADDRESS **38 GEORGETOWN**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition  
NAME **D CATHERS, ROBERT E**  
STREET ADDRESS **2101 MCGREGOR PARK Circle**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete  
NAME **D CATHERS, KIMBERLY F**  
STREET ADDRESS **38 GEORGETOWN**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition  
NAME **CATHERS, KIMBERLY**  
STREET ADDRESS **2101 MCGREGOR PARK Circle**  
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/01**

Date

**941-278-3008**

Daytime Phone #

CR2E034 (10/00)