

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90073 020 ***150.00

0522325

DOCUMENT # P98000084123

1. Entity Name

JB DELATOP & ASSOCIATES, INC.

Principal Place of Business
4809 NORTH ARMENIA AVENUE
SUITE 230
TAMPA FL 33603

Mailing Address
POST OFFICE BOX 130026
TAMPA FL 33681-0026

2. Principal Place of Business

3. Mailing Address

13542 N. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

213A

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33613

FL

4. FEI Number

59-3535627

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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, 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 **PD** ☐ Delete
 NAME **ADELUFOSI, JOSEPH A SR.**
 STREET ADDRESS **4809 NORTH ARMENIA AVENUE**
 CITY-ST-ZIP **TAMPA FL 33603**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JOSEPHINE ADELUFOSI**
 STREET ADDRESS **13542 N. FLORIDA AVE #213A TPA**
 CITY-ST-ZIP **33603**

TITLE **V** ☐ Delete
 NAME **ADELUFOSI, MICHELLE A**
 STREET ADDRESS **4809 NORTH ARMENIA AVENUE**
 CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE **S** ☐ Delete
 NAME **ADELUFOSI, KATHERINE O**
 STREET ADDRESS **4809 NORTH ARMENIA AVENUE**
 CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE **T** ☐ Delete
 NAME **ADELUFOSI, PATRICIA A**
 STREET ADDRESS **4809 NORTH ARMENIA AVENUE**
 CITY-ST-ZIP **TAMPA FL 33603**

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

4/23/01

Date

813-269-467

Daytime Phone #

CR2E034 (10/00)