

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90448 004 ***150.00

DOCUMENT # **P980000084123** ✓

1. Entity Name **JB DELATOP & ASSOCIATES, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **13542 N. FLORIDA AVE** 3. Mailing Address **P.O. Box 130026**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

213

City & State **TAMPA FL**

City & State **TAMPA FL**

Zip **33613**

Country **USA**

Zip **33681**

Country

4. FEI Number **593535627**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **SPIEGEL & UTRERA PA**

Street Address (P.O. Box Number is Not Acceptable) **1840 CORAL WAY**

City **Miami**

FL

Zip Code **33145**

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IN THIS SPACE**

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) ☐

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **JOSEPHINE ADELUFOSI**
STREET ADDRESS **Box 130026 TPA FL 33681**
CITY-ST-ZIP

TITLE **JOSEPH ADELUFOSI (DIRECTOR)**
NAME **P.O. Box 130026**
STREET ADDRESS **TAMPA FL 33681**
CITY-ST-ZIP

TITLE **Michelle Adelfusi VP**
NAME **Michelle Adelfusi**
STREET ADDRESS
CITY-ST-ZIP

TITLE **KATHERINE ADELUFOSI**
NAME **KATHERINE ADELUFOSI**
STREET ADDRESS
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 trustee 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/02

Date

Daytime Phone #

CR2E034B (12/01)