

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90023 011 ***150.00

DOCUMENT # P98000084123

1. Entity Name
JB DELATOP & ASSOCIATES, INC.



Principal Place of Business
13542 N FLORIDA AVE #213 A
TAMPA FL 33613

Mailing Address
POST OFFICE BOX 130026
TAMPA FL 33681-0026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3535627

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA PA
1840 CORAL WAY
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ADELUFOSI, JOSEPH A SR.
STREET ADDRESS PO BOX 130026
CITY-ST-ZIP TAMPA FL 33681 ☐ Delete

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

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

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

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

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

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

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

TITLE P
NAME ADELUFOSI, JOSEPHINE
STREET ADDRESS PO BOX 130026
CITY-ST-ZIP TAMPA FL 33681 ☒ Delete

TITLE P
NAME ADELUFOSI JOSEPH JR
STREET ADDRESS 13542 N. FLORIDA AVE #213
CITY-ST-ZIP TAMPA FL 33613 ☒ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03
Date

Daytime Phone #

CR2E034 (10/02)