

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000089857

1. Entity Name
 DEL-CIO & ASSOCIATES, INC.

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|--|--|
| Principal Place of Business 301 S. MIRAMAR AVE., APT. 204 INDIALANTIC FL 32903 | Mailing Address 301 S. MIRAMAR AVE., APT. 204 INDIALANTIC FL 32903 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|---|--|
| 4. FEI Number 59-3540041 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent PETERSEN ROBIN MESQ. 304 E. STRAWBRIDGE AVE. MELBOURNE FL 32901 US | | 7. Name and Address of New Registered Agent 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 _____ DATE **04/28/2000**
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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|--------------------------------------|----------------|---|---|---|----------------|---|
| TITLE | PTSD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DELLA-CIOPPA MICHAEL J | NAME | | NAME | | NAME | |
| STREET ADDRESS | 301 S. MIRAMAR AVE., APT. 204 | STREET ADDRESS | | STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | | NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | | NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | | STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | CITY-ST-ZIP | | 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: Michael J. Della Cioppa PTSD 04/28/2000