

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90542 007 ***150.00

DOCUMENT # P98000093228

1. Entity Name
THE DE L. M. CORPORATION



Principal Place of Business
**317 OAKWOOD CIRCLE
ENGLEWOOD FL 34223**

Mailing Address
**317 OAKWOOD CIRCLE
ENGLEWOOD FL 34223**

2. Principal Place of Business
359 PENTOSE Circle
Suite, Apt. #, etc.

3. Mailing Address
359 PENTOSE Circle
Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL
Zip
34223
Country
USA

City & State
ENGLEWOOD, FL
Zip
34223
Country
USA

4. FEI Number **65-0875895** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MASTERS, DE ARLE L
317 OAKWOOD CIRCLE
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name **MASTERS, DE ARLE L.**
Street Address (P.O. Box Number is Not Acceptable)
359 PENTOSE Circle
City **ENGLEWOOD** FL Zip Code **34223**

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 *De Arle L. Masters* **De Arle L. MASTERS** **1/24/03**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MASTERS, DE ARLE L MR. 317 OAKWOOD CIRCLE ENGLEWOOD FL 34223 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MASTERS, DE ARLE L MR. 359 PENTOSE Circle ENGLEWOOD FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, DE ARLE L MR. 359 PENTOSE Circle ENGLEWOOD FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *De Arle L. Masters*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date Daytime Phone # **941-475-3900**

VERIFIED BY

CR2E034 (10/02)