

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90911 006 ***150.00

DOCUMENT # P98000096092

1. Entity Name

DELPHI ASSOCIATES, INC.

Principal Place of Business

**300 COLUMBIA DRIVE
#1508
CAPE CANAVERAL FL 32920
US**

Mailing Address

**300 COLUMBIA DRIVE
#1508
CAPE CANAVERAL FL 32920
US**

2. Principal Place of Business

2942 NEWFOUND HARBOR DR

Suite, Apt. #, etc.

3. Mailing Address

2942 NEWFOUND HARBOR DR

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

Zip

32952-2862

Country

BREVARD

City & State

MERRITT ISLAND FL

Zip

32952-2862

Country

BREVARD

4. FEI Number

65-0877555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **WARE, MARK S**
CITY-ST-ZIP **300 COLUMBIA DRIVE SUITE #1508
CAPE CANAVERAL FL 32920**

TITLE ☐ Delete
NAME **SVD**
STREET ADDRESS **VAN WAARDENBURG, CARON A**
CITY-ST-ZIP **300 COLUMBIA DRIVE #1508
CAPE CANAVERAL FL 32920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2942 NEWFOUND HARBOR DR**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2942 NEWFOUND HARBOR DR**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

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

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

TITLE ☐ Change ☐ Addition
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:

CARON VAN WAARDENBURG

4-25-01

321-449-4087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)