

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90126 029 ***150.00

DOCUMENT # **P98000101952**

1. Entity Name
DILTS & ASSOCIATES, INC.



Principal Place of Business
**120 LAKESIDE E.
DAYTONA BEACH FL 32128**

Mailing Address
**120 LAKESIDE E.
DAYTONA BEACH FL 32128**



2. Principal Place of Business
120 LAKESIDE EAST
Suite, Apt. #, etc.

3. Mailing Address
120 LAKESIDE EAST
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PORT ORANGE

City & State
PORT ORANGE

4. FEI Number
59-3546353

Applied For
 Not Applicable

Zip Country
32128 Volusia

Zip Country
32128 Volusia

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILTS, DOUGLAS R
120 LAKESIDE E.
DAYTONA BEACH FL 32128

Name
DILTS, Douglas R.
Street Address (P.O. Box Number is Not Acceptable)
120 LAKESIDE EAST
City **PORT ORANGE** FL Zip Code **32128**

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	DILTS, DOUGLAS R	PORT ORANGE	<input type="checkbox"/>
		120 LAKESIDE E.		
		DAYTONA BEACH FL 32128		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Douglas R. Dilts** Date: **3 Jan 03** Daytime Phone #: **386 304 3030**

CRE034 (10/02)