

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025483

1. Entity Name

DELTA FLUID POWER PRODUCTS, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90099 026 ***150.00

Principal Place of Business 14 RIDGEDALE AVENUE #205 CEDAR KNOLLS NJ 07927		Mailing Address 14 RIDGEDALE AVENUE #205 CEDAR KNOLLS NJ 07927-1106	
2. Principal Place of Business 19610 BEACH ROAD Suite, Apt. #, etc. 315A		3. Mailing Address 14 RIDGEDALE AVE Suite, Apt. #, etc. 262	
City & State JUPITER FL 33469		City & State CEDAR KNOLLS NJ	
Zip 33469	Country	Zip 07927	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2457796

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
JOSEPH R INFANTE
Street Address (P.O. Box Number is Not Acceptable)
19610 BEACH ROAD # 315A
City
JUPITER FL Zip Code
33469

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 1/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFANTE, JOSEPH R 14 RIDGEDALE AVENUE #205 CEDAR KNOLLS NJ 07927 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.A.S. JOSEPH R INFANTE 19610 BEACH ROAD # 315A JUPITER FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE 5/1 5/75 1809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #