

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

DEL AMERICAN, INC

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90072 017 ***158.75

Principal Place of Business

Mailing Address

2. Principal Place of Business

474 S. NORTH LAKE BLVD

Suite, Apt. #, etc.
SUITE 1020

City & State
ALTAMONTE SPRINGS, FL

Zip
32701

Country

3. Mailing Address

474 S. NORTH LAKE BLVD

Suite, Apt. #, etc.
SUITE 1020

City & State
ALTAMONTE SPRINGS, FL

Zip
32701

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3572063

Applied For

Not Applicable

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

DELGUIDICE, CHRISTOPHER
2749 DEERBERRY CT
LONGWOOD FL 32779-0071

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

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, 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	DP	<input type="checkbox"/> Delete
NAME	CHRISTOPHER DELGUIDICE	
STREET ADDRESS	474 S. NORTH LAKE BLVD, SUITE 1020	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

(321) 201-7000

CR2E034 (9/99)