

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90077 042 ***150.00

DOCUMENT # P99000045223

1. Entity Name
DELVICO, INC.

Principal Place of Business
501 N. BENEVA ROAD
SARASOTA FL 34232

Mailing Address
1992 LENA LANE
SARASOTA FL 34240

AU023459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3572 SHADY Brook LN.

Suite, Apt. #, etc.

#240

Suite, Apt. #, etc.

City & State

Sarasota FL

4. FEI Number **59-3577921**

Applied For

Not Applicable

Zip

Country

34243-4838

Country

USA

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

ISAACS, DELBERT K
1992 LENA LANE
SARASOTA FL 34240

Name

ISAACS, DELBERT K

Street Address (P.O. Box Number is Not Acceptable)

3572 SHADY Brook LN.

City

Sarasota

FL

Zip Code

34243-4838

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ISAACS, DELBERT K**
STREET ADDRESS **1992 LENA LANE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☒ Change ☐ Addition
NAME **ISAACS, DELBERT K**
STREET ADDRESS **3572 SHADY Brook LN.**
CITY-ST-ZIP **Sarasota FL 34243-4838**

TITLE **D** ☐ Delete
NAME **ISAACS, VICTORIA D**
STREET ADDRESS **1992 LENA LANE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☒ Change ☐ Addition
NAME **ISAACS, Victoria D.**
STREET ADDRESS **3572 SHADY Brook LN.**
CITY-ST-ZIP **Sarasota FL 34243-4838**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA ISAACS

Date

(941) 365-9996

Daytime Phone #

CR2E034 (10/00)