

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045223

1. Entity Name
DELVICO, INC.Principal Place of Business
501 N. BENEVA ROAD
SARASOTA FL 34232Mailing Address
1992 LENA LANE
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

3572 SHADY Brook LN.

Suite, Apt. #, etc.
#240

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Zip

Zip

34243-4838

Country

Country

USA

4. FEI Number

59-3577921

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

ISAACS, DELBERT K
1992 LENA LANE
SARASOTA FL 34240Name
ISAACS, DELBERT K

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

3572 SHADY Brook LN.

City
SarasotaFL 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 State10. 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
NAME ISAACS, DELBERT K
STREET ADDRESS 1992 LENA LANE
CITY-ST-ZIP SARASOTA FL 34240 DeleteTITLE D
NAME ISAACS, DELBERT K
STREET ADDRESS 3572 SHADY Brook LN.
CITY-ST-ZIP Sarasota FL 34243-4838 Change AdditionTITLE D
NAME ISAACS, VICTORIA D
STREET ADDRESS 1992 LENA LANE
CITY-ST-ZIP SARASOTA FL 34240 DeleteTITLE D
NAME ISAACS, Victoria D.
STREET ADDRESS 3572 SHADY Brook LN.
CITY-ST-ZIP Sarasota FL 34243-4838 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: *Victoria Isaacs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, VICTORIA ISAACS ✓

Date

(941) 365-9996

Daytime Phone #

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

02-15-2001 90077 042 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)