


**FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 10 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000051639	
1. Entity Name <b>Delbene Brothers Inc.</b> 16871 NW 100th Ave Rd Fairfield FL 32634	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>SAME</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3583202</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Raymond Delbene</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>333 NE 189th Lane</b>	
	City <b>Citra</b>	FL Zip Code <b>32113</b>

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 *[Signature]* DATE **6/6/03**

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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Raymond Delbene</b> <b>333 NE 189th Ln</b> <b>Citra FL 32113</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>06/11/03--01103--003 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P</b> <b>DANNY Delbene</b> <b>16871 NW 100th Ave Rd</b> <b>Fairfield FL 32634</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800020793198</b> <b>06/11/03--01103--003 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas.</b> <b>ROBERT J. WRAY</b> <b>118 LOCUST RUN</b> <b>OCALA FL 34472</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **6/6/03** DAYTIME PHONE # **(352) 506-4789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

7/6/10