

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084245

1. Entity Name
WADDELL ENTERPRISES, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

04-25-2000 90007 017 ***150.00

Principal Place of Business 1659 39 STREET WEST PALM BEACH FL 33407	Mailing Address 1659 39 STREET WEST PALM BEACH FL 33407-3635
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applied For
 Applied for, have not received

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

6. Name and Address of Current Registered Agent

WADDELL, ALPHONSO
1659 39 STREET
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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 _____ DATE _____
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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PRESIDENT
ALPHONSO WADDELL
1659 39TH STREET
WEST PALM BEACH, FL 33407

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Alphonso Waddell **ALPHONSO WADDELL, PRESIDENT**, 4-17-00 (561) 936-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Today's Date **5-30-00**

CR2E034 (9/99)

99900007070

305589

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN
OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) WADDELL ENTERPRISES, INC.	3 Executor, trustee, "care of" name AL WADDELL
	2 Trade name of business, if different from name in line 1 DELTEX SYSTEMS	5a Address of business (See instructions.) 11059 39TH STREET
	4a Mailing address (street address) (room, apt., or suite no.) 11059 39TH STREET	5b City, state, and ZIP code WEST PALM BEACH, FL 33407
	4b City, state, and ZIP code WEST PALM BEACH, FL 33407	5b City, state, and ZIP code WEST PALM BEACH, FL 33407
	6 County and state where principal business is located PALM BEACH, FL	
	7 Name of principal officer, grantor, or general partner (See instructions.) ▶ AL WADDELL	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) For-profit	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other (specify) ▶	If nonprofit organization enter GEN (if applicable)	

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶

Foreign country	State FLORIDA
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9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business	<input checked="" type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 Enter closing month of accounting year (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
X		

14 Principal activity (See instructions.) ▶ **CLEANING SUPPLIES AND CHEMICAL SALES**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶

Yes No

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Business (wholesale) Other (specify) ▶ N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ **N/A** Trade name ▶ **Deltex Inc**

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) 1997	City and state where filed Atlanta Ga	Previous EIN 65-0791296
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **AL WADDELL, PRESIDENT**

Telephone number (include area code)
561 (842-2715)

Signature ▶ *Al Waddell* Date ▶ **12-2-97**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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