2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91189 049 ***150.00

DOCUMENT # P99000100344

1. Entity Name
DELUGE PROPERTIES, INC.

Principal Place of Business	Mailing Address
1602 N. Florida Ave. Tampa, FL 33602	1602 N. Florida Ave. Tampa, FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2708 W. Kennedy Blvd		2708 W. Kennedy Blvd.	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Tampa FL		City & State Tampa FL	
Zip 33609-3204	Country USA	Zip 33609-3204	Country USA

4. FEI Number 59-3608343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINO, Thomas
1602 N. Florida Ave
Tampa FL 33602

7. Name and Address of New Registered Agent
Name (same)
Street Address (P.O. Box Number is Not Acceptable) 2708 W. Kennedy Blvd.
Suite A
City Tampa **FL** Zip Code 33609-3204

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 Thomas Martino [signature] 05-17-01
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) ☑

[redacted]

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	D Bothwell, John 1602 N. Florida Ave. Tampa, FL 33602 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAZQUEZ, Joe 2708 W. Kennedy Blvd. Suite A Tampa FL 33609-3204 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Thomas Martino [signature] 05-17-01 813-875-7539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #