

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 05, 2000 08:00 AM

Secretary of State

DOCUMENT # S46816

1. Entity Name

DELLA CORPORATION OF LAKE LAND

Principal Place of Business

5337 N. SOCRUM LOOP
SUITE 105
LAKE LAND
33809

FL

US

Mailing Address

5337 N. SOCRUM LOOP
105
LAKE LAND
33809

FL

US

2. Principal Place of Business

5337 N. SOCRUM LOOP

3. Mailing Address

5337 N. SOCRUM LOOP

Suite, Apt. #, etc.

PMB 105

Suite, Apt. #, etc.

PMB 105

City & State

LAKE LAND FL

City & State

LAKE LAND FL

Zip

33809

Country

US

Zip

33809

Country

US

4. FEI Number

59-3070276

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOWERS, JAMES C

5337 N. SOCRUM LOOP SUITE 105

LAKE LAND

33809

FL

US

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 JAMES C. BOWERS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/05/2000

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, 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

TITLE DS ☐ Delete
NAME BOWERS, LOIS J
STREET ADDRESS 5337 N. SOCRUM LOOP SUITE 105
CITY-ST-ZIP LAKE LAND FL 33809

TITLE DP ☐ Delete
NAME BOWERS, JAMES C
STREET ADDRESS 5337 N. SOCRUM LOOP SUITE 105
CITY-ST-ZIP LAKE LAND FL 33809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☒ Change ☐ Addition
NAME BOWERS, LOIS J
STREET ADDRESS 5337 N. SOCRUM LOOP PMB105
CITY-ST-ZIP LAKE LAND FL 33809

TITLE DP ☒ Change ☐ Addition
NAME BOWERS, JAMES C
STREET ADDRESS 5337 N. SOCRUM LOOP PMB105
CITY-ST-ZIP LAKE LAND FL 33809

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

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

TITLE ☐ Change ☐ Addition
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: James C. Bowers

Date: 01/05/2000