

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V24155**1. Entity Name  
**DELAN, INC.****FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90203 009 \*\*\*150.00

Principal Place of Business <b>901 S. PENINSULA DRIVE DAYTONA BEACH FL 32118 US</b>	Mailing Address <b>901 S PENINSULA DR DAYTONA BEACH FL 32118 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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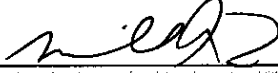
4. FEI Number <b>59-3113432</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PYLE, MICHAEL A. 1265 W GRANADA BLVD. STE 1 ORMOND BEACH FL 32174</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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  **1/10/00**  
MICHAEL A. PYLE (NOTE: Registered Agent signature required when reinstating) DATE9. 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 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																								
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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: DOMINIQUE DELANNOY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/10/01**

Date

**904 253-6270**

Daytime Phone #

CR2E034 (10/00)