

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90169 005 \*\*\*158.75

**DOCUMENT # V30758**

1. Entity Name  
**ALLEN DELAMATER, INC.**

Principal Place of Business  
**1380 JANE LACY LANE**  
**NEW SMYRNA BEACH FL 32168**

Mailing Address  
**1380 JANE LACY LANE**  
**NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business  
**1599 Tionia Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1599 Tionia Rd**  
 Suite, Apt. #, etc.

City & State  
**New Smyrna Beach FL**  
 Zip  
**32168**

City & State  
**New Smyrna Beach FL**  
 Zip  
**32168**

4. FEI Number  
**59-3121282**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DELAMETER, ALLEN D.**  
**1380 JANE LACY LANE**  
**NEW SMYRNA BEACH FL 32168**

**7. Name and Address of New Registered Agent**

Name  
**DELAMETER, ALLEN D. II**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1428 JANE LACY LANE**  
 City  
**NEW SMYRNA BEACH FL** Zip Code  
**32168**

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 *Allen Delamater II* **Allen D. Delamater II 4/9/02**  
 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	VPS OSBORNE, KARL 345 VAT RD OSTEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DELAMETER, ALLEN II 1380 JANE LACY LN NEW SMYRNA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Sec. WOOD, Cuyler R. 2225 TAMARIND DR EDGEWATER FL, 32144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Treas. DELAMETER, Allen II 1428 JANE LACY LANE NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Allen Delamater II* **Allen Delamater II 4-9-02 428-6275**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)