

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50524

1. Entity Name
DELTA T SERVICE CORPORATION

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90091 023 ***550.00

Principal Place of Business

5002-D LINEBAUGH
TAMPA FL 33624
US

Mailing Address

P O BOX 21025
TAMPA FL 33622
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3132640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUBER, DOUGLAS EDWARD

8939 BAYAUD DR

TAMPA FL 33626

Name

Street Address (P.O. Box Number is Not Acceptable)

City TAMPA

FL

Zip Code 33624

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 Douglas E. Gruber DOUGLAS E. GRUBER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-8-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 : DP
NAME : GRUBER, DOUGLAS E
STREET ADDRESS : 5002D LINEBAUGH AVE
CITY-ST-ZIP : TAMPA FL 33624 ☐ Delete

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

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

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TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP : ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)