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FILED
Jun 03, 2002 8:00 am
Secretary of State
05-17-2002 90038 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63046

1. Entity Name
DELTA INDUSTRIAL PRODUCTS, INC.

34437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
205 MARLBOROUGH ST	PO BOX 921
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR FL	City & State: OLDSMAR FL
Zip: 34677 Country: US	Zip: 34677 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3188438 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: WILLIAM BRUNELLI
Street Address (P.O. Box Number is Not Acceptable): 16431 OFFENHAUR ROAD
City: ODESSA FL Zip Code: 33556

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 [signature] DATE 5/31/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	WILLIAM BRUNELLI	NAME	
STREET ADDRESS	16431 OFFENHAUR ROAD	STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered

[signature]