

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90011 048 \*\*\*150.00

**DOCUMENT # P17097**  
 1. Entity Name  
**A.C. DELLOVADE, INC.**

Principal Place of Business      Mailing Address  
**108 CAVASINA DRIVE**      **108 CAVASINA DRIVE**  
**CANONSBURG PA 15317**      **CANONSBURG PA 15317-1767**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

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 **25-1242514**      Applied For  
 Not Applicable

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

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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 \_\_\_\_\_ (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, 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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>DELLOVADE, ARMAND C</b>	
STREET ADDRESS	<b>R.D. 2</b>	
CITY-ST-ZIP	<b>CANNONSBURG PA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DELLOVADE, PETER J</b>	
STREET ADDRESS	<b>190 ROSCOMMON PLACE</b>	
CITY-ST-ZIP	<b>MCMURRAY PA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DELLOVADE, DENNIS</b>	
STREET ADDRESS	<b>439 ROBINSHOOD LANE</b>	
CITY-ST-ZIP	<b>MCMURRAY PA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RILEY, PATRICK L</b>	
STREET ADDRESS	<b>2 ASPEN DRIVE</b>	
CITY-ST-ZIP	<b>WASHINGTON PA 15301</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Armand C. Dellova      Date: 2/4/00      Daytime Phone #: 724-873-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)