

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90057 005 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 231679

1. Entity Name
FRANK C. DECKER CONSTRUCTION CO.

Principal Place of Business 1818 HARDEN BLVD LAKELAND FL 33803	Mailing Address 1818 HARDEN BLVD LAKELAND FL 33803
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 2454 Suite, Apt. #, etc.
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33806	Country

4. FEI Number 59-0878274	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DECKER, FRANK C
1818 HARDEN BLVD
LAKELAND FL 33803**

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, GALE L 1818 SOUTH CENTRAL AVE HARDEN Blvd LAKELAND, FL 33803 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECKER, FRANK C 1818 SOUTH CENTRAL AVE HARDEN Blvd LAKELAND, FL 33803 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres Joyce O Decker 1818 HARDEN Blvd LAKELAND, FL 33803 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE 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: Gale L Taylor Sec/Treas **1-8-2001** **8636861131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)