

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90017 026 \*\*\*550.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT #</b> <i>F980000000754</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                                                                         |                                                                   |
| <b>1. Entity Name</b><br>Deck Holdings Florida, Inc. ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                                                                         |                                                                   |
| <b>Principal Place of Business</b><br>3098 Piedmont Road<br>Suite #490<br>Atlanta, GA 30305                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | <b>Mailing Address</b><br>Same                                                                                                          |                                                                   |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              | <b>3. Mailing Address</b>                                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | <b>City &amp; State</b>                                                                                                                 |                                                                   |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Country</b>                                                                                               | <b>Zip</b>                                                                                                                              | <b>Country</b>                                                    |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | <b>7. Name and Address of New Registered Agent</b>                                                                                      |                                                                   |
| Mark A. Block<br>1409 Peachtree Street, NE<br>Atlanta, GA 30309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                                                   |                                                                   |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                                                                         |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                                                                         |                                                                   |
| <b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b><br><small>(See criteria on back)</small> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                                                                   |
| <b>10. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                                                                                                                                         |                                                                   |
| <b>11. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Shareholder<br>David Eichenblatt<br>2924 Arden Road, NW<br>Atlanta, GA 30327 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Shareholder<br>Craig Kaufman<br>305 Craig Head Drive<br>Atlanta, GA 30319 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |                                                                                                              |                                                                                                                                         |                                                                   |
| <b>SIGNATURE:</b> <i>Craig Kaufman</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | <i>Manager</i><br>Date <i>9/11/00</i> Daytime Phone # <i>404-816-6693</i>                                                               |                                                                   |

CR2E034 (9/99)

Form 7004

(Rev. July 1998)

Department of the Treasury  
Internal Revenue Service

Attachment F9800000754 2010576

# Application for Automatic Extension of Time To File Corporation Income Tax Return

OMB No. 1545-0233

Name of corporation

Employer identification number

58-2369568

DECK HOLDINGS FLORIDA, INC.

Number, street, and room or suite no. (if a P.O. box or outside the United States, see instructions.)

3098 PIEDMONT ROAD, SUITE 490

City or town, state, and ZIP code

ATLANTA, GA 30305

Check type of return to be filed:

☐ Form 1120  
☐ Form 1120-A  
☐ Form 1120-F

☐ Form 1120-FSC  
☐ Form 1120-H  
☐ Form 1120-L

☐ Form 1120-ND  
☐ Form 1120-PC  
☐ Form 1120-POL

☐ Form 1120-REIT  
☐ Form 1120-RIC  
☒ Form 1120S
☐ Form 1120-SF
☐ Form 990-C  
☐ Form 990-T

Note: Other 990 filers (i.e., Form 990, 990-EZ, 990-BL, 990-PF, and certain filers of Form 990-T (see instructions)) must use Form 2758 to request an extension of time to file.

Form 1120-F filers: Check here if you do not have an office or place of business in the United States ☐

1a I request an automatic 6-month (or, for certain foreign corporations, 3-month) extension of time until September 15, 2000, to file the income tax return of the corporation named above for ☒ calendar year 1999 or ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

b If this tax year is for less than 12 months, check reason:  
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

2 If this application also covers subsidiaries to be included in a consolidated return, complete the following:

| Name and address of each member of the affiliated group | Employer identification number | Tax period |
|---------------------------------------------------------|--------------------------------|------------|
|                                                         |                                |            |
|                                                         |                                |            |
|                                                         |                                |            |
|                                                         |                                |            |
|                                                         |                                |            |

3 Tentative tax

4 Credits:

a Overpayment credited from prior year

b Estimated tax payments for the tax year

c Less refund for the tax year applied for on Form 4466

e Credit for tax paid on undistributed capital gains (Form 2439)

f Credit for Federal tax on fuels (Form 4136)

4a

4b

4c

Bal

4d

4e

4f

5 Total. Add lines 4d through 4f

6 Balance due. Subtract line 5 from line 3. Deposit this amount electronically or with a Federal Tax Deposit (FTD) Coupon

Signature. - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

(Title)

(Date)

Form 7004 (Rev. 7-98)