2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am greaters of State DOCUMENT # F9800000754 1. Entity Name 03-12-2002 90271 001 ***150.00 DECK HOLDINGS - FLORIDA, INC. Principal Place of Business Mailing Address 3098 PIEDOMONT RD., STE 490 3098 PIEDOMONT RD., STE 490 ATLANTA GA 30305 ATLANTA GA 30305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2369568 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525... City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) [ITLE c TITLE ☐ Delete Change Addition ŇAME NAME KAUFMAN, CRAIG:S STREET ADDRESS 3098 PIEDMONT RD STE 490 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA--TITLE ☐ Delete TITLE ☐ Change ☐ Addition **VPS** NAME FELDMAN, TERRY STREET ADDRESS STREET ADDRESS 3098 PIEDMONT RD, STE 490 CITY-ST-ZIP CITY-ST-ZIP <u>atlanta ga</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLOCK MARY S NAME STREET ADDRESS 3098 PIEDMONT RD, STE 490 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TORRY FELDORY