

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an
Secretary of State

02-08-2000 90173 027 ***150.00

DOCUMENT # M97751

1. Entity Name

ALL DECKS UNLIMITED INC.

Principal Place of Business

Mailing Address

18451 N. TAMiami TRAIL
N. FT. MYERS FL 33903

18451 N. TAMiami TRAIL
N. FT. MYERS FL 33914-7600

710874

2. Principal Place of Business

3. Mailing Address

18251 N. Tamiami Tr
Suite, Apt. #, etc.

4902 SW 27th Pl
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

N. Ft. Myers, FL

Cape Coral, FL

4. FEI Number 65-0238958

Not

Zip 33903

Country USA

Zip 33914

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, BRIAN R.
4902 SW 27TH PLACE
CAPE CORAL FL 33914

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

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
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
Added to F.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LYNCH, LINDA
4902 SW 27TH PLACE
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
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CITY-ST-ZIP
PVP
LYNCH, BRIAN R.
4902 SW 27TH PLACE
CAPE CORAL FL 33914 ☐ Delete

TITLE
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☐ Change ☐

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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-00 541-941