2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P99000036159 DECO MARKETING SOLUTIONS, INC. 04-19-2000 90024 017 ***150.00 Mailing Address Principal Place of Business 12877 PALM DRIVE 12877 PALM DRIVE LARGO FL 33774 LARGO FL 33774-3137 3. Mailing Address 2. Principal Place of Business 6554-D 1230d Ave. N. 6554-D 123rd Aue. N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-091443 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USÁ Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NORDQUIST, JAMES 12877 PALM DRIVE **LARGO FL 33774** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Vice President Change ☐ Addition D Vice President ☐ Delete TITLE TITLE Nordquist, James NAME NORDQUIST, JAMES NAME 12874 Palm Drive STREET ADDRESS STREET ADDRESS 12877 PALM DRIVE Largo, FL 33774 CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** President Ritter, William F. JR. ☐ Addition DPresident TITLE TITLE ☐ Delete NAME 3020 Lake Vista Drive RITTER, WILLIAM F NAME STREET ADDRESS STREET ADDRESS 12877 PALM DRIVE Clearwater, FL 35759 CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** --- 🖃 Change ☐ Addition Delete -TITLE TITLE BULFORD, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 12877 PALM DRIVE CITY-ST-7IP CITY-ST-ZIP **LARGO FL 33774** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

FILED