

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
 02-24-2002 90092 013 ***150.00

DOCUMENT # P00000011885

1. Entity Name
DECKO DRIVE, INC.

Principal Place of Business
 9733A BOCA GARDENS CIRCLE NORTH
 BOCA RATON FL 33496

Mailing Address
 9733A BOCA GARDENS CIRCLE NORTH
 BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1450 Wiles Rd.
 Suite, Apt. #, etc.

3. Mailing Address

1450 Wiles Rd.
 Suite, Apt. #, etc.

City & State
 Coral Springs FL

City & State
 Coral Springs FL

4. FEI Number 65-0984410

Applied For
☐ Not Applicable

Zip 33067

Country Brwd

Zip 33067

Country Brwd

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

CAMPBELL, PAMELA

~~9733A BOCA GARDENS CIRCLE NORTH~~ 5065 Wiles Rd #105
~~BOCA RATON FL 33496~~ Coconut Creek, FL 33073

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 *Pamela Campbell*

2-12-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BOEHM, LISA
STREET ADDRESS 9733A BOCA GARDENS CIRCLE NORTH
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE VD ☐ Delete
NAME CAMPBELL, PAMELA
STREET ADDRESS 9235 EDMONT LANE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5065 Wiles Rd #105
CITY-ST-ZIP COCONUT CREEK, FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Campbell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 954-755-8608
 Date Daytime Phone #

CR2E034 (9/01)