

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90131 047 ***150.00

DOCUMENT # 126897

1. Entity Name

DEKLE HOLDING COMPANY

Principal Place of Business

Mailing Address

229 EAST MELBOURNE AVE
 MELBOURNE FL 32901
 US

229 EAST MELBOURNE AVE
 MELBOURNE FL 32901-5921
 US

10019454

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0216980

Not

Zip

Country

Zip

Country

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

PITTMAN, ROBERT S JR
285 A NORTH DR
MELBOURNE FL 32934

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, STUART C	
STREET ADDRESS	1865 KEEWIN AVE - APT B	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PITTMAN, ROBERT S., JR.	
STREET ADDRESS	285 A NORTH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	PITTMAN, MARY S.	
STREET ADDRESS	229 EAST MELBOURNE AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMONT, MARY F	
STREET ADDRESS	790 HANOVER WAY	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 I 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00

Date

Copy