

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 176076

1. Entity Name

BOUDECK, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90066 022 ***150.00

Principal Place of Business

Mailing Address

G H BOUTWELL
604 N LAKESIDE DRIVE
LAKE WORTH FL 33480

G H BOUTWELL
604 N LAKESIDE DRIVE
LAKE WORTH FLA 33460-3121

2. Principal Place of Business

127 N.E. 27TH STREET

3. Mailing Address

2326 SOUTH CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2D

City & State

MIAMI, FL

City & State

WEST PALM BEACH, FL

Zip

33137

Country

Zip

33406

Country

4. FEI Number

59-6060842

Applied For

Not Applicable

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

JONES, RONALD E., P.A.
1610 SOUTHERN BOULEVARD
W. PALM BEACH FL 33406

Name

ROBERT W. DECKER

Street Address (P.O. Box Number is Not Acceptable)

127 N.E. 27TH STREET

City

MIAMI

FL

Zip Code
33137

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.

ROBERT W. DECKER

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-00

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DECKER, ROBERT 1223 N.W. 99TH STREET MIAMI SHORES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DECKER, ROBERT W. 1223 N.E. 99TH STREET MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER, MARGARET E. 2428 WINTER WOOD CR E JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUTWELL, GEORGE 604 NORTH LAKESIDE DRIVE LAKE WORTH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOUTWELL, IOLA JUNE 3061 DONNELLY DRIVE 131B LANTANA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DECKER, ELROY L. JR. 2428 WINTER WOOD CIRCLE E. JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. DECKER - President

Date

Daytime Phone #

3-13-00 ✓ 305/758-4069

CR2E034 (9/99)