

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 230755

1. Entity Name

DECKS, INCORPORATED OF FLORIDA.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90043 008 \*\*\*150.00

Principal Place of Business

1920 LAKE AVE., SE 4. LARGO, FL 34641  
P O BOX 4753  
CLEARWATER FL 33758  
US

Mailing Address

~~1920 LAKE AVE., SE 4. LARGO, FL 34641~~  
P O BOX 4753  
CLEARWATER FL 33758-4753  
US

2. Principal Place of Business

4410 West Crest Ave

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

Tampa FL

Suite, Apt. #, etc.

P.O. Box 4753

City & State

33614

City & State

Clearwater

Zip

Country

Hillsborough

Zip

33758

Country

USA

4. FEI Number

59-0899816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IRWIN, JOHN W

1920 LAKE AVENUE SE #6 3936 Silk Oak Lane  
LARGO FL 33771 Palm Harbor, FL 34685

7. Name and Address of New Registered Agent

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 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME IRWIN, JOHN W.  
STREET ADDRESS 1920 LAKE AVE SE #6  
CITY-ST-ZIP LARGO FL

TITLE SD ☐ Delete  
NAME IRWIN, DOROTHY Y  
STREET ADDRESS 1920 LAKE AVE SE #6  
CITY-ST-ZIP LARGO FL

TITLE VD ☐ Delete  
NAME BOSWELL, G. WILLIAM JR  
STREET ADDRESS 1920 LAKE AVE SE #6  
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ Delete  
NAME BROWN, JANICE L  
STREET ADDRESS 1920 LAKE AVE SE #6  
CITY-ST-ZIP LARGO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3936 Silk Oak Lane  
CITY-ST-ZIP Palm Harbor FL 34685

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3936 Silk Oak Lane  
CITY-ST-ZIP Palm Harbor FL 34685

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4410 West Crest Ave  
CITY-ST-ZIP TAMPA FL 33614

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2364 Pine Tree Terrace  
CITY-ST-ZIP Palm Harbor FL 34683

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Janice L Brown* Janice L Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-350-9446

4-17-00

CR2E034 (9/99)