# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 436471

1. Entity Name

DEKSEN CORP

| Principal Place of Business | Mailing Address |
|---|---|
| 1340 SAFFRON WAY<br>NEW PORT RICHEY FL 34655 | 1340 SAFFRON WAY<br>NEW PORT RICHEY FL 34655 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1482029

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTER H. NIELSEN
1340 SAFFRON WAY
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

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

City FL

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. (DATE: Registered Agent signature required when mailed.)

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

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 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>NIELSEN, WALTER H<br>1340 SAFFRON WAY<br>NEW PORT RICHEY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | 600005491516--4<br>-05/08/02--01031--013<br>****150.00 ****150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>NIELSEN, CAROL A<br>1340 SAFFRON WAY<br>NEW PORT RICHEY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DE KONING,FLORENCE<br>2212-B LARK CIRCLE W<br>PALM HARBOR FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Delete |
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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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ 4/02