

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 505561

1. Entity Name

DEBOARD CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90070 020 ***150.00

Principal Place of Business
 529 S SUMMERLIN AVE
 ORLANDO FL 32801
 US

Mailing Address
 P.O. BOX 1452
 ORLANDO FL 32802-1452
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1687088

Applied For

Not Applicable

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

DEBOARD, ROBERT W
 529 S SUMMERLIN AVE
 ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	DEBOARD, MATTHEW G	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3910 FINCH ST		
CITY-ST-ZIP	ORLANDO FL 32803		
<input type="checkbox"/> Delete			
PD	DEBOARD, ROBERT W	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	529 S SUMMERLIN AVE		
CITY-ST-ZIP	ORLANDO FL 32801		
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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:

ROBERT W. DEBOARD

APRIL 28, 2000 407-422-7487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)