

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 688268

1. Entity Name

OCEAN DECK, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90032 022 ***550.00

Principal Place of Business

Mailing Address

127 SOUTH OCEAN AVE.
DAYTONA BEACH FL 32118

127 SOUTH OCEAN AVE.
DAYTONA BEACH FL 32118-4321

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 **59-2032330**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEOUGH, KING R
5795 JOHN ANDERSON HWY
FLGLER BCH. FL 32136

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

TITLE **PST** ☐ Delete
NAME **KEOUGH, KING R.**
STREET ADDRESS **5795 JOHN ANDERSON HWY**
CITY-ST-ZIP **FLGLER BCH. FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BOTS, KENNETH J**
STREET ADDRESS **931 MILL ROAD LANE**
CITY-ST-ZIP **PT ORANGE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6201 OAK RIVER TER.**
CITY-ST-ZIP **PT ORANGE, FL 32127**

TITLE **VP** ☐ Delete
NAME **KUFTIC, VERNON**
STREET ADDRESS **1507 NO PENINSULA AVE**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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:

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

5/1/00
Date

904-253-5224
Daytime Phone #

CR2E034 (9/99)