

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002914

1. Entity Name

DECOMP COMPOSITES, INC.

Principal Place of Business

9311 SW STATE ROAD 200
BLDG 2 UNIT 204
OCALA FL 34481

Mailing Address

9311 SW STATE ROAD 200
BLDG 2 UNIT 204
OCALA FL 34481

2. Principal Place of Business

6333 SW SR 200

Suite, Apt. #, etc.

3. Mailing Address

6333 SW SR 200

Suite, Apt. #, etc.

City & State

Ocala FL 344

Zip

34476

Country

USA

City & State

Ocala Florida

Zip

34476

Country

USA

4. FEI Number

73-1395009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESENA, MARY
9311 SW STATE ROAD 200
BLDG 2 UNIT 204
OCALA FL 34481

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

Mary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	DESENA, MARY	
STREET ADDRESS	5401 SW 88TH PL	
CITY - ST - ZIP	OCALA FL 34476	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DESENA, FRANK	
STREET ADDRESS	5401 SW 88TH PL	
CITY - ST - ZIP	OCALA FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Desena Mary Desena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

352-291-1283

Daytime Phone #

CR2E034 (10/00)

0629503

FILED

Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90027 026 ***150.00

A0006875



DO NOT WRITE IN THIS SPACE