2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000002914 1. Entity Name DECOMP COMPOSITES, INC.					Secretary of State 04-29-2002 90165 018 ***150.00			
Principal Place	e of Business	Mailing Address						
6333 SW SR OCALA FL 34		6333 SW SR 200 OCALA FL 34476				8004tota		
Principal Place of Business 3. Mailing Address								
Suite, Apt.	# etc	Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE		
City & State		City & State			El Number Laiv <u>en 73-1395009</u>	<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Country		√5 ∑C	ertificate of Status Desired	□ \$8.75 A	
<u> </u>	6. Name and Address of Current R	egistered Agent			7. N	ame and Address of New Reg		
DESENA, MARY 9311 SW STATE ROAD 200 2181 Pilot Point BLDG 2 UNIT 204 OCALA FL 34481 CRYSTAL RIVER, FL 34429				2181	Address (P.O. Box Number is Not Acceptable)			
OCALA-FI	L-34481 C12Y 57 M2 2100			CityCRYS	CRYSTAL DWEr			729
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 4. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be make Check Payable to Depart				\$150.00 II be \$550.00	ate	10. Election Campaign Finan Trust Fund Contribution.	Add	.00 May Be
11.	OFFICERS AND D		12.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete 1107 Point River, FL 34429		ADDRESS 2 1	81 81	PILOT POINT TAL QUEL, FL	• •	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DESENA, FRANK 5401 SW 88TH PL 2181 P. OCALA FL 34476 CRYSTAL	□ Delete LOT POINT <u>River, FL 34429</u>	TITLE NAME			PILOT POINT AL PLUE, FL	34429_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ng=mu = 12	र्डः - ैं □ Delete किं	* TITLE NAME STREET A	ADDRESS	₽. .	-	Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	address 1-zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP			. Change	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S1				☐ Change	
	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attack ment with an address, w	in a good good rate and that m	v cionatiir	a chall hava the	s came l	egal ettect as it made linder da	m: mar i am an ouic	er or onecusr - i

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: