2000 UNIFORM BUSINESS REPORT (UBR)

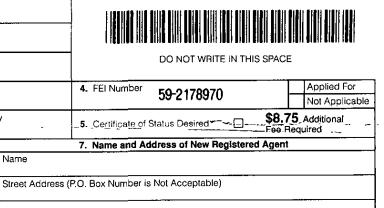
DOCUMENT # **F66057** 1. Entity Name DEER CREEK PRODUCTS, INC. Principal Place of Business Mailing Address 3038 NW 25 AVE 3038 NW 25 AVE 2866 NW 26TH STREET 2866 NW 26TH STREET POMPANO BEACH FL 33069-6702 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90158 002 ***150.00



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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE DISTEPHANO, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 3038 NW 25 AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

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 eath; 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 Re empowered.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City & State

Country_

DISTEPHANO, MICHAEL

POMPANO BEACH FL 33069

3038 NW 25 AVE

6. Name and Address of Current Registered Agent

WWW III-W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Date

Daytime Phone #

Change

☐ Addition

☐ Addition