

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000398

1. Entity Name

W.F. DECKER, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90168 028 \*\*\*150.00

Principal Place of Business

Mailing Address

~~45960 CHATFIELD DRIVE~~  
FORT MYERS FL 33908

~~15960 CHATFIELD DRIVE~~  
FORT MYERS FL 33908-1707

2. Principal Place of Business

3. Mailing Address

15856 Dorset Lane  
Suite, Apt. #, etc.

15856 Dorset Lane  
Suite, Apt. #, etc.

**W.F. Decker Inc**

City & State

**15856 Dorset Lane**

Zip

County

**Fort Myers Fla 33908**

Country

4. FEI Number

**16-0734508**

Applied For

Not Applicable

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

DECKER, WALTER F  
~~15960 CHATFIELD DR~~  
FORT MYERS FL 33908

15856 Dorset Lane

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

Walter F Decker

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 \$350.00**

**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 ☐ Delete  
NAME PCDT  
STREET ADDRESS DECKER, WALTER F  
CITY-ST-ZIP ~~15960 CHATFIELD DR~~  
FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 15856 Dorset Lane  
CITY-ST-ZIP 33908

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS DECKER, W J  
CITY-ST-ZIP 49 PEN WEB PARK  
WEBSTER NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 28 Pen Web Park  
CITY-ST-ZIP Webster NY 14580

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DECKER, CATHERINE M  
CITY-ST-ZIP 41 PEN WEB PARK  
WEBSTER NY

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GLASER, PAMELA I  
CITY-ST-ZIP 11 PEN WEB PARK  
WEBSTER NY

TITLE ☒ Change ☐ Addition  
NAME Decker, Pamela I  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Walter F Decker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000  
Date

941 470 4421  
Daytime Phone #

CR2E034 (9/99)