

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90020 027 ***150.00

00033174

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Entity Name

H85880
 Decision Systems, Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

609 Herchel Dr

Suite, Apt. #, etc.

3. Mailing Address

609 Herchel Dr

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

4. FEI Number

59-2605105

Applied For

Not Applicable

Zip

33617

Country

USA

Zip

33617

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Stephen D. Marlowe, Esq.
 Marlowe & McNabb, P.A.
 324 S. Hyde Park Ave, Ste #210
 Tampa, FL 33606

7. Name and Address of New Registered Agent

Name: Stephen D. Marlowe, Esq.
 Street Address (P.O. Box Number is Not Acceptable): Marlowe & McNabb, P.A.
 324 S. Hyde Park Ave, Ste #210
 City: Tampa FL Zip Code: 33606

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

TITLE: President
 NAME: David L. Spaulding
 STREET ADDRESS: 609 Herchel Dr.
 CITY-ST-ZIP: Temple Terrace, FL 33617

☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Delete

TITLE: Sec./Treas.
 NAME: Kathleen M. Spaulding
 STREET ADDRESS: 609 Herchel Dr
 CITY-ST-ZIP: Temple Terrace, FL 33617

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 STREET ADDRESS:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:
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☐ Change ☐ Addition

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: David L. Spaulding
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

813 985-8222
 Date Daytime Phone #

CR2E034 (9/99)