

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90072 050 \*\*\*150.00

0087747 AV

**DOCUMENT # K12129**

1. Entity Name  
**DECOTEAU & ASSOCIATES, INC.**



Principal Place of Business  
**200 S. ANDREWS AVE  
#9  
FT LAUDERDALE FL 33301**

Mailing Address  
**200 S. ANDREWS AVE  
#9  
FT LAUDERDALE FL 33301**



2. Principal Place of Business  
**1332 NE 15th AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1332 NE 15th AVE**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Ft. Lauderdale, FL**  
Zip  
**33304** Country  
**USA**

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**Ft. Lauderdale, FL**  
Zip  
**33304** Country  
**USA**

4. FEI Number **65-0091812**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DECOTEAU, CAROL  
5171 SW 21ST CT  
PLANTATION FL 33317**

7. Name and Address of New Registered Agent  
Name **BRITA Decoteau**  
Street Address (P.O. Box Number is Not Acceptable)  
**1332 NE 15th AVE.**  
City **Ft. Lauderdale, FL** Zip Code **33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Brita Decoteau** VICE PRESIDENT  
(NOTE: Registered Agent signature required when reinstating)

DATE **8.5.03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DECOTEAU, CAROL</b> <b>5171 SW 21ST CT.</b> <b>PLANTATION FL 33317</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/DIRECTOR</b> <b>BRITA L. Decoteau</b> <b>1332 NE 15th AVE.</b> <b>Ft. Lauderdale, FL 33304</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/DIRECTOR</b> <b>JARED R. Decoteau</b> <b>1332 NE 15th AVE.</b> <b>Ft. Lauderdale, FL 33304</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRITA DECOTEAU**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8.5.03** (954) 524-8555  
Daytime Phone #

CR2E034 (4/03)

Attachment  
80138601  
K12129

DECOTEAU & ASSOCIATES  
1332 NE 15th Ave  
Ft. Lauderdale, Fl. 33304  
954-524-8555

8/05/03

To whom it may concern,

Please find enclosed my 2003 Uniform Business Report, with noted changes, and a check for \$150.00 for filing fees.

Per the instructions on your automated voice system, this check is for the normal, on time amount, with no penalties, because we never received the 1st notice.

As evidenced by the attached mailing label which came with this notice, you will see the change of address and re-routing of the mail. My suspicion is that the original notice never got forwarded, or was lost in the mail.

I don't feel that I should incur the penalty fees for something that was clearly not my fault, as this is in accordance with your own exception rules, as explained in your voice system.

I respectfully request that your offices agree, and process my filing without further delay.

Thank You,

*Brian Decoteau*