

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90084 042 \*\*\*150.00

**DOCUMENT # K72418****1. Entity Name**  
**DECA MANUFACTURING CORPORATION****Principal Place of Business**% DAVID R. PUNZAK  
4210 116TH TERR N  
CLEARWATER FL 33762  
US**Mailing Address**% DAVID R. PUNZAK  
4210 116TH TERR N  
CLEARWATER FL 33762  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 65-0104940

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**PUNZAK, DAVID R.  
200 CENTRAL AVE  
SUITE 2300  
ST. PETERSBURG FL 33701**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ 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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DCST	JAMES, WILLIAM G., SR.	14393 YACHT CLUB BLVD	SEMINOLE FL	<input type="checkbox"/>
D	JAMES, WILLIAM G., JR.	3545 ROYAL LYTHAN	HOLLAND OH 43528	<input type="checkbox"/>
D	GILFILLAN, ROBERT J.	P.O. BOX 2215	HAMILTON MT 59840	<input type="checkbox"/>
D	CASEY, JAMES	133 THATCHER'S HILL RD	FLEMINGTON NJ	<input type="checkbox"/>
DP	JAMES, ROBERT T.	3143 GLENEAGLES	CLEARWATER FL	<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			ZIP 33776	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
			ZIP 08822	<input type="checkbox"/>
				<input type="checkbox"/>
			ZIP 33761	<input type="checkbox"/>
				<input type="checkbox"/>

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G. JAMES SR.

Date

1-5-01

Daytime Phone #

(727) 573-2910

CR2E034 (10/00)