## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am Secretary of State DOCUMENT # K72418 1. Entity Name 01-16-2002 90072 012 \*\*\*150 00 DECA MANUFACTURING CORPORATION Mailing Address Principal Place of Business % DAVID R. PUNZAK % DAVID R. PUNZAK 4210 116TH TERR N 4210 116TH TERR N **CLEARWATER FL 33762 CLEARWATER FL 33762** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0104940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PUNZAK, DAVID R. Street Address (P.O. Box Number is Not Acceptable) 200 CENTRAL AVE **SUITE 2300** ST. PETERSBURG FL 33701 Zip Code City FL 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE DCST ☐ Delete TITLE NAMÉ NAME james, William G., SR. 2621 COVE CAY DRIVE #207 14393-YACHT-CLUB-BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, PL 33760 SEMINOLE FL 33776 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME JAMES, WILLIAM G., JR. STREET ADDRESS STREET ADDRESS 3545 ROYAL LYTHAN CITY-ST-ZIP CITY-ST-7IP HOLLAND OH 43528 Change ☐ Addition ☐ Delete TITLE TITLE NAME GILFILLAN, ROBERT J. NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2215 HAMILTON MT 59840 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Casey, James STREET ADDRESS STREET ADDRESS 133 THATCHER'S HILL RD CITY-ST-7IP CITY-ST-ZIP FLEMINGTON NJ 08822 Change ☐ Addition TITLE ŊΡ ☐ Delete TITLE NAME NAME JAMES, ROBERT T. STREET ADDRESS 3143 GLENEAGLES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 surplemental 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 required to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rec changed, or on an attachme

SIGNATURE:

FILED