

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90143 016 ***150.00

DOCUMENT # L01149

1. Entity Name
DEESIDE INVESTMENTS, INC.



Principal Place of Business
% NEIL WILLIAMS
3571 WEST HILLSBORO BLVD
DEERFIELD BEACH FL 33442

Mailing Address
% NEIL WILLIAMS
3571 WEST HILLSBORO BLVD
DEERFIELD BEACH FL 33442

60000433



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4747 N. OCEAN BLVD

3. Mailing Address
4747 N. OCEAN BLVD

Suite, Apt. #, etc.
SUITE 216

Suite, Apt. #, etc.
SUITE 216

City & State
FORT LAUDERDALE

City & State
FORT LAUDERDALE

Zip
33308

Country
USA

Zip
33308

Country
USA

4. FEI Number
65-0128311

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

WILLIAMS, NEIL
3571 WEST HILLSBORO BLVD
DEERFIELD BEACH FL FL 33442

Name
WILLIAMS, NEIL
Street Address (P.O. Box Number is Not Acceptable)
4747 N. OCEAN BLVD
SUITE 216
City
FORT LAUDERDALE **FL** Zip
33308

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
Neil Williams

(NOTE: Registered Agent signature required when reinstating)

DATE

1.13.02

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Delete
NAME WILLIAMS, NEIL	
STREET ADDRESS 5956 CATESBY ST.	
CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

CR2E034 (10/02)

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

Date

Daytime Phone #

1.13.02 954 545 1755