

2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # L14744

1. Entity Name

D.E.C. HOMES INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

01-27-2000 90041 013 ***150.00

Principal Place of Business
2905 TREVO CT
KISSIMMEE FL 34746
US

Mailing Address
P.O. BOX 423159
KISSIMMEE FL 34742-3159
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
316 N. John Young Pkwy
Suite, Apt. #, etc.
Suite 12
City & State
Kissimmee FL
Zip
34741
Country
USA

3. Mailing Address
316 N. John Young Pkwy
Suite, Apt. #, etc.
Suite 12
City & State
Kissimmee FL
Zip
34741
Country
USA

4. FEI Number 59-2958172
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHIKORA, EVELYN
106 CASSINO WAY
KISSIMMEE FL 34758

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUCH, DAVID E. 2905 TREVO CT KISSIMMEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVELYN SCHIKORA 106 CASSINO WAY KISSIMMEE, FL 34758	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVELYN SCHIKORA 106 CASSINO WAY KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Date Daytime Phone #