

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57145

1. Entity Name

DEKLE LAND CLEARING, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90129 048 ***150.00

Principal Place of Business

Mailing Address

BENCHMARK AVE.
SUITE F
FORT MYERS FL 33905-4998

1681 BENCHMARK AVE.
SUITE F
FORT MYERS FL 33905-1754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2329 CALADIUM ROAD

3. Mailing Address

2329 Caladium Road

Suite, Apt. #, etc.

FORT MYERS FL

Suite, Apt. #, etc.

FORT MYERS FL 33905

City & State

City & State

4. FEI Number

65-0181960

Applied For

Not Applicable

Zip

33905

Country

LEE

Zip

33905

Country

LEE

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

DEKLE, JOHN E., III
1681 BENCHMARK AVE., SUITE F
FORT MYERS FL 33905-4998

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
DP
DEKLE, JOHN E. III
1681 BENCHMARK AVE., SUITE F
FORT MYERS FL 33905-4998 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2329 Caladium Road
FORT MYERS, FL 33905 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BRODEUR, RICHARD JOHN
1640 PERIWINKLE WAY
SANIBEL ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

2/25/2000

Date

941-694-8037

Daytime Phone #

CR2E034 (9/99)