

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90108 012 ****61.25

DOCUMENT # N95000003314

1. Entity Name

THE PROFESSIONAL DECAL APPLICATION ASSOCIATION, INC.



Principal Place of Business

**C/O NATHAN FRANZBLAU
2202 NORTH MAIN STREET
JACKSONVILLE FL 32206**

Mailing Address

**C/O NATHAN FRANZBLAU
2202 NORTH MAIN STREET
JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3341777**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AKEL, DANIEL D
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MOORE, RON**
STREET ADDRESS **104 BELL PARKWAY**
CITY-ST-ZIP **WOODSTOCK GA 30188**

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

TITLE **PTD** ☐ Delete
NAME **FRANZBLAU, NATHAN**
STREET ADDRESS **2202 NORTH MAIN STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

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

TITLE **D** ☐ Delete
NAME **CARTHEY, JOHN**
STREET ADDRESS **3902 HIGH PINES**
CITY-ST-ZIP **HOUSTON TX 77068**

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

TITLE **SD** ☐ Delete
NAME **FORD, GREG**
STREET ADDRESS **4373 LACOSA AVE.**
CITY-ST-ZIP **FREMOUNT CA 94536**

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

TITLE **D** ☐ Delete
NAME **NELSON, TOM**
STREET ADDRESS **8660 HIGHWAY 7 P.O. BOX 160**
CITY-ST-ZIP **ST. BONIFACIUS MN 55375**

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

TITLE **VD** ☐ Delete
NAME **MCMULLEN, GENE**
STREET ADDRESS **833 WOOSTER ROAD N.**
CITY-ST-ZIP **BARBARTON OH 44203-1664**

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address with all other like empowered.

SIGNATURE:

NATHAN FRANZBLAU 1/27/03 (904) 254-1833

CR2E037 (10/02)