2002 UNIFORM BUSINESS REPORT (UBR)

P0000003721 **DOCUMENT #** 1. Entity Name

DECKER DRYWALL, INC.



	 .						
Principal Place of Business Mailing Address							
S8 HIGHLAND RD		98 HIGHLAND RD					
TARPON SPRINGS FL 34689		TARPON SPRINGS FL 34689					
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Principal Place of Business 3. Mailing Address					(
2375 Suite, Apt. #. etc	CLUB SIDE CT.	2375 clue	2375 CLUB SIDE CT.				
Night at 1770					DO NOT WRITE IN THIS SPACE		
City & State	TINO	A PT # 1728 City & State			T PELLI		
~ .	HARBOR FL	PALM HARBOR, FL			59-3627057	· —	Applied For
Zip Country		Zip Country					Not Applicable
<u> 34683</u>		34683	USA) 5	5. Certificate of Status Desired	□ \$8.75 A Fee Requi	
. 6.	Name and Address of Current F	legistered Agent	-	7	. Name and Address of New F	·	
DECVED CANE	NDA 1		Name				
DECKER, SANDRA L Street Address (P.O. Box Number is Not Acceptable)							
98 HIGHLAND I	· 	48 SIDE COURT	APT # 17	28			
TARPON SPRIN	IGS FL 34689						
			City			Zin Co	nde
PALM HARBOR FL 34602							
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURESignatu	are, typed or printed name of registered agent an	d title if applicable (NOTE	: Registered Agent signa	23/	02 721-	-639-0	062
ī ·		(HOTE	. negistered Agent signa	tore required who	n reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be							
(See criteria on l		After May 1, 200 Make Check Payab			Trust Fund Contributio	·	UU May Be ed to Fees
11.				ц			
TITLE P	OFFICERS AND D		12.	 p 	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	
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	IGHLAND ROAD		STREET ADDRESS		CLUB SIDE CT. , A.	PT# 1728	6) 4
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VAME STREET ADDRESS			NAME			_ •	_
CITY-ST-ZIP			STREET ADDRESS				`
	not the information assets as a track	a filling about	CITY-ST-ZIP				
indicated on this	nat the information supplied with thi report or supplemental report is tru	is illing does not qualify for the and accurate and that my	ne exemption state gnature shall ha	ed in Section ave the same	119.07(3)(i), Florida Statutes. I	further certify that the i	nformation or director
changed, or on a	report or supplemental report is true or the receiver or trustee empoyed in attachment with an address with	ered to execute this report as fall other like empowered	required by Cha	oter 607, Flor	ida Statutes; and that my name	appears in Block 11 o	r Block 12 if

SIGNATURE: _

4-23-02 929-0662