2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000003721

1. Entity Name

DECKER DRYWALL, INC.



May 05, 2003 8:00 am & Secretary of State 05-05-2003 91783 007 ***150.00 **FILED**

			GOD WE TE				
- Principal: Plac	ce of Business	Mailing Address					
2375 CLUB S		2375 CLUB SIDE CT	<u> </u>		4404404		
APT #1728	·	APT #1728		1			
PALM HARBO	DR FL 34683	PALM HARBOR FL 34683		11	BONGO IN ARNY BOSH BONS BONS	#### #### ##### ##### ################	11581 1151 1581
)							
2. Principal f	Place of Business	3. Mailing Address			05 11001 111 10111 00111 00111 0011	i danny panyi panas inyi yadit	HOBE 1401 HODE
18123	3 JORENE CIRCLE	18123 JORE	NE CIRCLE				
Suite, Apt		Suite, Apt. #, etc.			OUTON HERE I	C MARCINIC CLIANICES	
					CHECK HERE I	F MAKING CHANGES	i
City & Sta	ite	City & State		4. FEI N	umber 50 0007057	A	pplied For
ODE:	SSA, FL	ODESSA, FL			59-3627057	- N	ot Applicable
Zip	Country	Zip	Country	F 0-44		□ \$8.75 Ad	ditional
33556	5 USA	33556	USA	5. Certif	cate of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New Re	gistered Agent	
			Name				
DECKER	SANDRA L						
		Street Address (P.O. Box Number is Not Acceptable)					
	IB SIDE CT		<u> 18</u>	163 701	LENE CIRCLE	<u> </u>	
APT. ∉ :172	·						
PALM HARBOR FL 34683			City	· ·		FL Zip Coo	le
			Op.	ESSA		r∟ 3.3°	35%
	e named entity submits this statement for tions of residence agent.	r the purpose of changing its i	registered office or re	gistered agent, o	r both, in the State of Flor	ida. I am familiar with,	and accept
the obliga	Months of the control						
SIGNATURE		Jacob Co	<u> </u>				
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature r	required when reinstating	g)	DATE	
· •	ILE NOW!!! FEE.IS \$150.00		****		***************************************		
	r May 1, 2003 Fee will be \$550.00			g	. Election Campaign Fina	~ _ ~~	00 May Be
	k Payable to Florida Department of	State			Trust Fund Contribution	. 📙 Adde	d to Fees
10,	OFFICERS AND		11.	ADDITIO	NS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN: 11
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NAME	15	☐ Delete				[Z] Shange	Addition
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•	FOLO OFOR OIDE OLIVEL WILLEA		R I		- - · ·		
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	PDESSA ,	FL 33556		·
TITLE	ST	☐ Delete	TITLE		•	Change Change	Addition
NAME	DECKER, SANDRA L		NAME			-	
STREET ADDRESS	2375 CLUB SIDE CT APT #1728		STREET ADDRESS !	\$123 Jo	sene akece	•	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	DESSA	eene Circue Fl 38556		
TITLE		☐ Delete	TITLE	,		Change	Addition
NAME			•				
			NAME			_	—
STREET ADDRESS			NAME Street address				<u>, </u>
STREET ADDRESS CITY-ST-ZIP							
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indicated on this report or supplied with this limiting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther 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: