2004 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 14, 2001 8:00 am **DOCUMENT # P00000041009 Secretary of State** 1. Entity Name 01-31-2001 90040 041 ***150.00 JAMES E. DECKER INVESTMENTS, INC. Principal Place of Business Mailing Address C/O 4141 SOUTH FLORIDA AVENUE C/O 4141 SOUTH FLORIDA AVENUE 31071 LAKELAND FL 33813 LAKELAND FL 33813 3. Mailing Address P.O. Box 2. Principal Place of Business *2*37 a Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State FEI Number 59-3652 497 Applied For Not Applicable COUNTRY P Country \$8:75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DECKER, JAMES E Street Address (P.O. Box Number is Not Acceptable) C/O 4141 SOUTH FLORIDA AVENUE LAKELAND FL 33813 **7ip 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 egent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax fliing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition DECKER, JAMES E NAME C/O 4141 SOUTH FLORIDA AVENUE CTREET ADDRESSE STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Detete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE IIILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-7IP TITLE Detete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Deleta TITLE Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-79P CITY-ST-ZIP 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 this 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

FILED