

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90005 026 ***158.75

DOCUMENT # P00000055223

1. Entity Name
DEPECKS ENTERPRISES, INC.

Principal Place of Business Mailing Address
P.O. BOX 6264 P.O. BOX 6264
LAKE WORTH FL 33466 LAKE WORTH FL 33466

2. Principal Place of Business 3. Mailing Address
5550 S 37th Court **5550 S 37th Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Green Acres, FL **Green Acres, FL**
Zip Country Zip Country
33463 **Palm Beach** **33463** **Palm Beach**

4. FEI Number Applied For
65-1033917 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOJCIECHOWSKI, DAVID
825 PARKWAY #32
JUPITER FL 33468

7. Name and Address of New Registered Agent

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 *David Wojciechowski* DATE **5/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!
After MAY 1, 2001
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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	WOJCIECHOWSKI, DAVID	
STREET ADDRESS	P.O. BOX 6264	
CITY-ST-ZIP	LAKE WORTH FL 33466	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOJCIECHOWSKI, DAVID	
STREET ADDRESS	P.O. BOX 6264	
CITY-ST-ZIP	LAKE WORTH FL 33466	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *David Wojciechowski* **David Wojciechowski** **5/7/01** **561-313-9254**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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DO NOT WRITE IN THIS SPACE