

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008382

1.

Entity Name

FLORIDA DOCK & DECK SUPPLY, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91702 028 ***150.00

Principal Place of Business

POST OFFICE BOX 607549
ORLANDO FL 32810-7549

Mailing Address

POST OFFICE BOX 607549
ORLANDO FL 32810-7549

2. Principal Place of Business

7151 Rose Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
Orlando, FL
Zip 32810

City & State

Country

Zip

Country

4. FEI Number

593599409

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAIAZZA, MICHAEL A
5833 LULLABY LANE
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name *Caiazza, Michael A*

Street Address (P.O. Box Number is Not Acceptable)

229 Wood Lake Drive

City *Maitland*

FL Zip Code *32751*

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME CAIAZZA, MICHAEL A
STREET ADDRESS POST OFFICE BOX 607549
CITY-ST-ZIP ORLANDO FL 32810-7549

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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:

Michael A. Caiazza
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)