

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90508 014 \*\*\*158.75

**DOCUMENT # P01000009486**

1. Entity Name

**CENTRAL FLORIDA ACRYLIC DECKING, INC.**



Principal Place of Business

**1242 VIZCAYA LAKES ROAD #107  
OCOEEE FL 34761**

Mailing Address

**1242 VIZCAYA LAKES ROAD #107  
OCOEEE FL 34761**

2. Principal Place of Business

**3100 OLD WINTER GARDEN RD**

3. Mailing Address

**3100 OLD WINTER GARDEN RD**

Suite, Apt. #, etc.

**#815**

Suite, Apt. #, etc.

**#815**

City & State

**OCOEEE FL**

City & State

**OCOEEE, FL**

Zip

**34761**

Country

**ORANGE**

Zip

**34761**

Country

**ORANGE**

4. FEI Number

**59-3703151**

Applied For

Not Applicable

5. Certificate of Status Desired

**X**

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GROWE, MARK**

**1242 VIZCAYA LAKES ROAD #107**

**OCOEEE FL 34761**

7. Name and Address of New Registered Agent

Name

**MARK GROWE**

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

**3100 OLD WINTER GARDEN RD #815**

City

**OCOEEE**

FL

Zip Code

**34761**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mark Growe*

**01-14-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GROWE, MARK</b>	
STREET ADDRESS	<b>1242 VIZCAYA LAKES ROAD #107</b>	
CITY-ST-ZIP	<b>OCOEEE FL 34761</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK GROWE</b>	
STREET ADDRESS	<b>3100 OLD WINTER GARDEN RD #815</b>	
CITY-ST-ZIP	<b>OCOEEE, FL 34761</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**01-14-03**

**(407) 579-9253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)