ďŪ	NIFORM BUSINE	SS REPORT (N (UBR)	1A, ·	PPROVED			
DOCUMENT # () () () 66 74 9				<u>í</u>	ALEO			
Big Decks INC.				1/2 AP	R-4 PM12: 35			
-5								
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAMASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address 345 Belmont			PA					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	Tallahassee,	扛	4. FEI	Number 1-3633166	Applied Fo Not Applic		
Zip	Country		Country	5 . Cer	rtificate of Status Desired	\$8.75 Additional Fee Required		
	•	-	Name	VI	e and Address of Current Reg	gistered Agent		
DO NOT WRITE			Street A	Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE								
			City 7	allahass		FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its reg	distered office or	registered agent	t, or both, in the State of Florida	1. ma		
SIGNATURE .	Signatury typed or printed name if registered agent at	nd title if applicable. (NOTE: Re	gistered Agent signatu	re required when reinst	ating)	THOI 2002		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 After May 1, Fe Amended UB Make Check Payable to				:	 Election Campaign Financ Trust Fund Contribution. 	ing \$5.00 May E Added to Fees		
11. TITLE	OFFICERS AND [DIRECTORS	TITLE				귀 등	
NAME STREET ADDRESS	Kyle Green		NAME STREET ADDRESS		-20000523 -04/16/0 ****150	830021 201067005 .00 ****150.00	CR2E034B (12/01)	
CITY-ST-ZIP	VP	Tallahossee FL	CITY-ST-ZIP TITLE		100			
NAME STREET ADDRESS CITY-ST-ZIP	Breen Steve STAllahassee 72 NA STR						2	
TITLE	VP.	39001	TITLE NAME		···· · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST-ZIP	Druce Jaciel				DO NOT W	/RITE		
TITLE	VP m		TITLE NAME		IN THIS SE	PACE		
STREET ADDRESS CITY-ST-ZIP	Grant Gilleand Ber 365 Belmont Rd. To	k Halana Fi man	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	VOS VEINON' FO. 10	HIMMODICE I & JOSOI	TITLE NAME		······································			
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			TITLE NAME			. ,	7	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			112		
indicated of the cor	certify that the information supplied with to on this report or supplemental eport is to poration or the receiver or trastge empo	rue and accurate and that my si wered to execute this report as	ignature shall ha	ive the same lega	al effect as if made under oath;	that I am an officer or director	or	
SIGNAT	on the with an address, with a vother like emp	oowered. MED NAME OF SIGNING OFFICER OR DI		4	Apr 2002	()	857	
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