2003 FOR PROFIT CORPORATION

Mar 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR DOCUMENT#** P02000024871 1. Entity Name 03-05-2003 90070 022 ***150.00 DECKS DIRECT INC. Principal Place of Business Mailing Address 1036 OAKDALE ST. 1036 OAKDALE ST. WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address 88/5 Conroy-Windermere Rd Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 36-4490263 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 5./: Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUCKABEE, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 1036 OAKDALE ST. **WINDERMERE FL 34786** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ? FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE President Change ☐ Addition NAME HUCKABEE, DANIEL L NAME Daniel L. Huckabee STREET ADDRESS 1036 OAKDALE ST. 1036 Oakdale Street STREET ADDRESS CITY-ST-7IP WINDERMERE FL 34786 CITY-ST-ZIP Windermere, FL 34786 TITLE ☐ Delete TITLE Treasurer ☐ Change 🗷 Addition NAME Cindy C. Huckabee 1036 Oakdale Street NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Windermere, FL 34786 CITY-ST-ZIP_ Delete Vice President TITLE ☐ Change ★ Addition NAME Eric Douglas NAME STREET ADDRESS STREET ADDRESS 124 Rhoden Lane CITY-ST-ZIP City-St-ZiP Winter Springs. FL 3a708 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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12. I hereby certify that the information supplied with this time 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 do and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address with all other like empowered.

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Daytime Phone #

CR2E034 (10/02)