2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000056796

1. Entity Name

DECONIZERS INC.



FILED Feb 12, 2003 8:00 am Secretary of State
02-12-2003 90103 031 ***150.00

Hindoor Pace of Business 448 WLLOWOOD LANE LINTAMA F, 33462 2. Principal Place of Susiness Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. City & State							600 W	ETR							
Sute, Apt. #, etc. Sub. Apt. #, otc. Chrok HERE IF MAKING CHANGES Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Foo Program 6. Name and Address of Current Registered Agent Name DeLGADO, KATHY L 4183 MILLOWOOD LANE Street Address [PO. Box Number is Not Acceptable) Street Address [PO. Box Numb	4163 WILLOWOOD LANE			4163	4163 WILLOWOOD LANE										
Cry & State	2. Principal f	Place of Busine	988	3. Mai	3. Mailing Address									18118 6111 1861	
Zip Country Zip Country S. Certificate of Status Desired S. 3.73 T/ Not Applicable Status Desired Country S. Certificate of Status Desired Sea Tours and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name a	Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
Signature Applies to Florida Department of State OFFICERS AND DIRECTORS OFFI	City & Sta	te		City	City & State						\ \ \ \]
DELGADO, KATHY L 4163 WILLOWOOD LANE LANTANA FL 33462 City FL Zip Code 6. 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 chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chlegations of registered agent, or both, in the S	Zip		Country	Zip	Zip Country								\$8.75 Ad	ditional	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)						Ì								·········	7
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the cibigations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$15.0.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICEHS AND DIRECTORS TITLE DEIGADO, KATHY L STRET ADDRESS CITY-ST-2P FILE NOW!!! SEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME STRET ADDRESS CITY-ST-2P DEIGADO, KATHY L GERHAPD, SONIA A 4168 WILLOWOOD LANE LANTANA FL 33462 Delete TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME NAME STRET ADDR			AIP		e di										-
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prince name at registered agent and title if applicable. (NOTE Registered Agent agressive recurred when reinstating) DATE			INE			-									4
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	LANTANA	FL 33462													1
THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Page Peter Pet							City					FL	Zip Cod	le	1
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE INVERTIFY TO DELIGADO, KATHY L A163 WILLOWOOD LANE LANTANA FL 33462 TITLE OTHER CONTY-ST-2P TITLE MAME CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P T	the obliga	tions of registe	red agent.			_		_			tate of Flor		amiliar with,	and accept	
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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:

LAZGRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR