

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90176 029 ***150.00

DOCUMENT # P02000101958



1. Entity Name
CANTATA ENTERPRISES, INC.

Principal Place of Business
**19 HUNTLY DRIVE
PALM BEACH GARDNES FL 33418**

Mailing Address
**19 HUNTLY DRIVE
PALM BEACH GARDNES FL 33418**

10053472



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2293957
~~921-81210018~~

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DECKER, JR., WILLIAM J
19 HUNTLY DRIVE
PALM BEACH GARDNES FL 33418**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Delete
NAME	DECKER, JR., WILLAM J	
STREET ADDRESS	19 HUNTLY DRIVE	
CITY-ST-ZIP	PALM BEACH GARDNES FL 33418	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTEY, THOMAS M	
STREET ADDRESS	1020 STURBRIDGE DRIVE	
CITY-ST-ZIP	MEDINA OH 44256	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

WILLIAM J. DECKER JR. 4/1/03 81625-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)