

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 021 ***150.00

DOCUMENT # P02000130969

1. Entity Name
IFDEC, INC.



Principal Place of Business
**330 A1A NORTH SUITE 321
PONTE VEDRA BEACH FL 32082**

Mailing Address
**330 A1A NORTH SUITE 321
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

4003 Kingsley Lake Dr.
Suite, Apt. #, etc.

3. Mailing Address

6003 Kingsley Lake Dr.
Suite, Apt. #, etc.

City & State
Starke, FL

Zip
32091

Country
USA

City & State
Starke, FL

Zip
32091

Country
USA

4. FEI Number
14-1865377

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GRIGGS, STEVEN
330 A1A NORTH SUITE 321
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name
Steven Griggs
Street Address (P.O. Box Number is Not Acceptable)
7643 Las Palmas Way
City
Jacksonville FL Zip Code
32256

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 **Steven Griggs**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D GRIGGS, STEVEN
7643 LAS PALMAS WAY
JACKSONVILLE FL 32256

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: **Steven Griggs**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2003

Date

904-533-9300

Daytime Phone #

CR2E034 (10/02)