

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **030000000114**

1. Entity Name

DECO Products East, Inc.



FILED

03 AUG 13 AM 8:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

242 Polynesia Ct

3. Mailing Address

PO Box 2156

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARCO Island, FL

City & State

MARCO Island, FL

4. FEI Number

Applied For

Not Applicable

Zip

34145

Country

Collier

Zip

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas F. Hudgins

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

791 10th Street South Suite B

City

Maples

FL

Zip Code

34102

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President, Treasurer**
NAME **Ronald D. Nessenauer**
STREET ADDRESS **242 Polynesia Ct**
CITY-ST-ZIP **MARCO Island, FL 34145**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700022351517
08/15/03--01057--014 **150.00

TITLE **Judy G. Nessenauer, V. Pres & Secretary**
NAME **Judy G. Nessenauer**
STREET ADDRESS **242 Polynesia Ct**
CITY-ST-ZIP **MARCO Island, FL 34145**

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0113103**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Judy G. Nessenauer Judy G. Nessenauer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/03

Date

239-393-0058

Daytime Phone *