

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90400 024 ***150.00

0570502

DOCUMENT # P30324

1. Entity Name

DECK THE WALLS, INC.

Principal Place of Business

100 GLENBOROUGH DR..
14TH FL.
HOUSTON TX 77067

Mailing Address

100 GLENBOROUGH DR..
14TH FL.
HOUSTON TX 77067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 76-0311221

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	JONES, JOHN W.	
STREET ADDRESS	4527 HIGH COURT CIRCLE	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LOWREY, STEVEN	
STREET ADDRESS	3914 BROOK SHADOW DRIVE	
CITY-ST-ZIP	KINGWOOD TX 77345	
TITLE	EV	<input type="checkbox"/> Delete
NAME	WILLIAMS, CONSTANCE	
STREET ADDRESS	HC 75 BOX 295	
CITY-ST-ZIP	LAMY NM 87540	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICE, JODY V	
STREET ADDRESS	4489 W. 800 S.	
CITY-ST-ZIP	WARREN IN 46792	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	YARTZ, T. D	
STREET ADDRESS	851 W. FRIAR TUCK LANE	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matt Manis	
STREET ADDRESS	7848 Bash Place	
CITY-ST-ZIP	Houston, TX 77027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. P. Manis

Matt Manis

4/23/01

281-775-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)