## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 20, 2002 8:00 am Secretary of State

DOCUMENT # + 30324  1. Entity Name Deck the Walls, Inc.  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  3. Mailing Address 2015						870276			
Gity & Sta	1900 IV	City & State	- <del></del>		4.	FFI Number -		Applied For	٦
1906	Country Country	19009107	Countr	X ZA	5,	76-03 Certificate of Status Desired	**	Not Applicable	7
1104	21   00714	11011	_u	Name		ame and Address of Curre	Fee	Required	
	DO NOT WI		ا ـــدن		tross (P.O.1	Corporat  Box Number is Not Acceptate	10n		_
IN THIS SPACE				City (	200 Janto	5. Pine Isl	and Rc FL	学会やフル	4
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered	office or re	egistered ag	gent, or both, in the State of F	lorida.	JJJET	1
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered /	Agent signature	required when re	einstating)	DATE	·	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - Ma After May 1, Amended Make Check Payable				\$550.00 \$61.25		10. Election Campaign Fi Trust Fund Contributi		\$5.00 May Be Added to Fees	ľ
11.	CEO John W. Jone	IRECTORS	TITLE			· · · · · · · · · · · · · · · · · · ·			5
STREET ADORESS	4527 High Co	urt Circle	name Street	ADDRESS					CR2E034B (12/01)
CITY-ST-ZIP TITLE	Sr.V.P. CFO J	19L 35242	CITY-ST	T-ZIP					E034
NAME STREET ADDRESS	Philip Campbell	Ste. 1400	name	ADDRESS					CR2
CITY-SI-ZIP	EVP, GOO	11001	CITY-SI TITLE	T-20P	-				
NAME STREET ADDRESS CITY-ST-ZIP	constance William	ms Stelloo	NAME STREET	ADDRESS		DO NOT	WDITI	=	
TITLE	Wes. Bus. Dev.	-17061-	MILE	LEP	···	IN THIS			
NAME STREET ADDRESS CITY-ST-ZIP	100 Genborou	19h Stilloo	NAME STREET / CITY-ST	ADDRESS		IN ITIO	SPACE	<u>-</u>	
TITLE	(IUWIUI) IX	5 11001	TITLE	-27					
NAME STREET ADDRESS			NAME STREET A	ADDRESS					
CITY-ST-ZIP TITLE			CITY-ST	-ZIP	······································	····			
NAME STREET ADDRESS			NAME					1	
CITY-ST-ZIP		_	STREET A	- ZIP					
13. I hereby condicated of the condicated attachmen	ertify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or mustee empow it with an address, with all part like empo	s filing does not qualify for the and accurate and that my seed to execute this report a wered.	e exemp signature s equire	tion stated e shall have ed by Chap	in Section 1 the same le ter 607, Flor	19.07(3)(i), Florida Statutes. egal effect as if made under d ida Statutes; and that my na	further certify the path; that I am an me appears in B	at the information . officer or director llock 11 or on an	