

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002743

1. Entity Name
SIESTA KEY DECOR & ASSOCIATES, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90048 029 ***150.00

Principal Place of Business

4510 BANAN PLACE
SARASOTA FL 34242
US

Mailing Address

~~P.O. BOX 35225~~
~~SARASOTA FL 34242~~
~~US~~

2. Principal Place of Business

3. Mailing Address

4510 BANAN PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

4. FEI Number

65-0471591

Applied For

Not Applicable

Zip

Country

Zip

Country

34242

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STECKO, RON
4510 BANAN PLACE
SARASOTA FL 34242

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
STECKO, RONALD G
~~P.O. BOX 35225 N/A~~
SIESTA KEY FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4510 BANAN PLACE
SARASOTA FL 34242 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HAHN, DAVID
P O BOX 35225 N/A
SIESTA KEY FL 34242 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DEGAN, STEVEN
1800 SECOND ST SUITE 735
SARASOTA FL 34236 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01 (941) 349-1343

CR2E034 (10/00)