

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90288 019 ***158.75

DOCUMENT # P94000047729

1. Entity Name

WILLIAM JAMES DECHARD, INC.

Principal Place of Business

**500 NE SPANISH RIVER BLVD
 SUITE 105-B
 BOCA RATON FL 33431
 US**

Mailing Address

**500 NE SPANISH RIVER BLVD
 SUITE 105-B
 BOCA RATON FL 33431
 US**

2. Principal Place of Business

500 NE Spanish River Blvd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

SAME SUITE 104

City & State

Boca Raton

City & State

SAME

Zip
33431

Country

Palm Beach

Zip
SAME

Country

Palm Beach

4. FEI Number

65-0492930

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DECHARD, WILLIAM J
 1519 NW 8TH ST
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name
WILLIAM J DECHARD
 Street Address (P.O. Box Number is Not Acceptable)
1246 SW 18TH STREET
 City
BOCA RATON FL 33486

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

WILLIAM J. DECHARD PRESIDENT

3/28/02

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, 2002 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
P
 NAME
DECHARD, WILLIAM J
 STREET ADDRESS
1246 SW 18TH STREET
 CITY-ST-ZIP
BOCA RATON FL 33486

☐ Delete

TITLE
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 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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☐ 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:

WILLIAM J. DECHARD 3/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)