

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021446

Entity Name
DEKA, INC.

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90036 014 ***150.00

Principal Place of Business

ONE PROGRESS PLAZA
SUITE 800
ST. PETERSBURG FL 33701

Mailing Address

ONE PROGRESS PLAZA
SUITE 800
ST. PETERSBURG FL 33701

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 59-3317037

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KUCERA, DEAN E
1 PROGRESS PLAZA
SUITE 800
SAINT PETERSBURG FL 33701

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, 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 NAME
STREET ADDRESS
CITY-ST-ZIP
D KUCERA, DEAN E
ONE PROGRESS PLAZA, SUITE 800
ST. PETERSBURG FL 33701

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
D WALL, KARL J
7901 4TH ST. NORTH, SUITE 200
ST. PETERSBURG FL 33702

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 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 #

727-821-4448

Jan 11, 2002