

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000065623

FILED
Apr 05, 2002 8:00 AM
Secretary of State

Entity Name: REGAL DECKS, INC.

Current Principal Place of Business:

P.O. BOX 2064
PALM HARBOR, FL 34682

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2064
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 59-3331454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYLVESTER, MICHAEL K
739 NATALIE LANE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: SYLVESTER, MICHAEL K
Address: 739 NATALIE LN
City-St-Zip: PALM HARBOR, FL

Title: V () Delete
Name: RUSCOE, LEROY
Address: 321 CRYSTAL BEACH AVE.
City-St-Zip: PALM HARBOR, FL 34681

Title: VP (X) Delete
Name: TAYLOR, STEPHEN C
Address: 1596 LAGO VISTA BLVD.
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: SYLVESTER, MICHAEL K
Address: 739 NATALIE LN
City-St-Zip: PALM HARBOR, FL 34683 US

Title: V (X) Change () Addition
Name: CAIN, RANDY
Address: 6975 301ST AVE. N.
City-St-Zip: CLEARWATER, FL 33761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K. SYLVESTER

DPTS

04/05/2002

Electronic Signature of Signing Officer or Director

Date