

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91529 018 ***150.00

DOCUMENT # P95000087283

1. Entity Name
DECADE SYSTEMS CORPORATION

Principal Place of Business

**6000 A SAWGRASS VILLAGE CIRCLE
 SUITE 12
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**6000 A SAWGRASS VILLAGE CIRCLE
 SUITE 12
 PONTE VEDRA BEACH FL 32082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13901 SUTTON PARK DR. S.

3. Mailing Address

13901 SUTTON PARK DR. S.

Suite, Apt. #, etc.

SUITE 320

Suite, Apt. #, etc.

SUITE 320

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3350380

Applied For

Not Applicable

Zip

32224

Country

DUVAL

Zip

32224

Country

DUVAL

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DECADE SYSTEMS GROUP
 6000 A SAWGRASS VILLAGE CR
 R
 PONTE VEDRA BCH FL 32085**

7. Name and Address of New Registered Agent

**DECADE SYSTEMS GROUP
 Street Address (P.O. Box Number is Not Acceptable)
 13901 SUTTON PARK DR. S.
 SUITE 320
 JACKSONVILLE, FL 32224**

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

GERRY C. NELSON, CHAIRMAN, CEO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

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	C	<input type="checkbox"/> Delete
NAME	NELSON, GERRY C	
STREET ADDRESS	6000A SAWGRASS VILLAGE CIRCLE, SUITE 12	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32085	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NELSON, GERRY C	
STREET ADDRESS	6000A SAWGRASS VILLAGE CIRCLE, SUITE 12	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32085	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FUNKHOUSER, DONALD D	
STREET ADDRESS	6000 A SAWGRASS VILLAGE CIRCLE, SUITE 12	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32085	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COVEY, DONALD D	
STREET ADDRESS	6000 A SAWGRASS VILLAGE CIRCLE, SUITE 12	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32085	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13901 SUTTON PARK DR. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13901 SUTTON PARK DR. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13901 SUTTON PARK DR. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

GERRY C. NELSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (904) 412-4201
 DATE Daytime Phone #

CR2E034 (9/01)

Attachment

Dr. #A5000082283

435083

Attention:

This may be a little late as we are in the process of moving
Decade Systems Corporation has moved!

As of May 1, 2002 our new corporate and mailing address is:

Decade Systems Corporation
13901 Sutton Park Drive South, Suite 320
Jacksonville, FL 32224

Our new Telephone and Fax will be:

Tel: (904) 482-4200 Fax: (904) 482-4220

Please update your records to reflect these changes as of May 1, 2002