

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90005 040 ***150.00

DOCUMENT # P96000016479

1. Entity Name
DEKTEK, INC.

Principal Place of Business

~~164 INDIES DRIVE S~~
~~DUCK KEY FL 33050~~
~~US~~

Mailing Address

~~164 INDIES DR S~~
~~DUCK KEY FL 33050~~
~~US~~

2. Principal Place of Business

16766, 123rd TER. N.
 Suite, Apt. #, etc.

3. Mailing Address

16766 123rd TER. N.
 Suite, Apt. #, etc.

City & State

JUPITER, FL.

City & State

JUPITER, FL.

Zip
33478

Country

USA

Zip
33478

Country

USA

4. FEI Number

65-0647980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HORAN & HORAN
608 WHITEHEAD ST
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box)

City

FL

Zip

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
KEESEEE, DONALD E
123RD TERR N (16766)
JUPITER FL 33478

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DONALD EDWARD KEESEEE)

3-15-01 561-722-2400

Date

Daytime Phone #

CR2E034 (10/00)