## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 01, 2002 8:00 am Secretary of State **DOCUMENT #** P96000016479 05-23-2002 90064 002 \*\*\*150.00 1. Entity Name DEKTEK, INC. ADDRES New Principal Place of Business Mailing Address 16766 123RD TERRACE NORTH 16766 123RD TERRACE NORTH JUPITER FL 33478 JUPITER FL 33478 HS 3. Mailing Address SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0647980 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agents HORAN & HORAN 🕽 Street Address (P.O. Box Number is Not Acceptable) 608 WHITEHEAD ST KEY WEST FL 33040 armed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Dalete TITLE ☐ Change Addition 6) NAME KEESEE, DONALD E KAME STREET ADORESS 123RD TERR N (16766) STREET ADDRESS CR2E034 CHY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change · ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 12 if changed, or on an attachment with an address, with all other like empowered.

**FILED**