

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020661

1. Entity Name

DESIGNER DECKS & SHUTTERS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90280 020 ***158.75

Principal Place of Business

3561 NE 13 AVE
FT LAUDERDALE FL 33334

Mailing Address

3561 NE 13 AVE
FT LAUDERDALE FL 33334

*CHANGE
TO
1296 S. FEDERAL Hwy
POMPANO Bch*

2. Principal Place of Business

3. Mailing Address

1296 S. FEDERAL Hwy
Suite, Apt. #, etc.

1296 S. FEDERAL Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO Bch

City & State

POMPANO Bch

4. FEI Number

65-0822864

Applied For

Not Applicable

Zip

FLA

Country

Broward

Zip

FLA

Country

Broward

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITCH, JOHN W
3561 NE 13 AVE
FORT LAUDERDALE FL 33334

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FITCH, JOHN W STREET ADDRESS 3561 NE 13TH AVENUE CITY-ST-ZIP FT LAUDERDALE FL 33334			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

John W. Fitch
John W. Fitch
Signature and Typed or Printed Name of Signing Officer or Director

President
President

4-24-01
Date
(954) 941-3653
Daytime Phone #

CR2E034 (10/00)

0277374