## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P98000020661

1. Entity Name

DESIGNER DECKS & SHUTTERS, INC.



Apr 30, 2003 8:00 am Secretary of State

**FILED** 

04-30-2003 90063 038 \*\*\*158.75

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Principal Place of Business 3561 NE 13TH AVENUE FT LAUDERDALE FL 33334		Mailing Address 3561 NE 13TH AVENUE FT LAUDERDALE FL 33334		T INDIVIDUAL HID LANGE DANG ARMS ARMS ARMS ARMS ARMS AND THE THE TRANSPORT
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	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
			Name	
FITCH, JOHN W 3561 NE 13 AVE		Street Address (F		s (P.O. Box Number is Not Acceptable)
FORT LAU	JDERDALE FL 33334			
			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. I am familiar with, and accept				
the obligations of registered agent.				
SIGNATURE Signature, typed or princip name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
£After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	•OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	□ Delete	TITLE	Change Addition
NAME	FITCH, JOHN W	<del></del>	NAME	_ , _
STREET ADDRESS	3561 NE 13TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33334		CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-Z#P	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

754-234-0064

Davtime Phone #