

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90094 006 ***150.00

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DOCUMENT # P98000031861

1. Entity Name
FLORIDA DECKING, INC.



Principal Place of Business
~~1045 N COUNTY RD 427~~ **1275 Bennett Dr.**
LONGWOOD FL 32750 #127

Mailing Address
~~1045 N COUNTY RD 427~~ **P.O. Box 952031**
~~LONGWOOD FL 32750~~ **LK. Mary, FL.**
32746

2. Principal Place of Business
1275 Bennett Dr.
Suite, Apt. #, etc.
#127

3. Mailing Address
952031 P.O. Box
Suite, Apt. #, etc.

City & State
Longwood, FL.

City & State
Lake Mary FL.

Zip
32750 Country
USA

Zip
32746 Country
USA

4. FEI Number **59-3511855** Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
DAVIS, FORREST C
~~1045 N COUNTY RD 427~~ **1275 Bennett Dr. #127**
LONGWOOD FL 32750

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Forrest C. Davis* **Forrest C. DAVIS** **6-2-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DAVIS, FORREST C**
STREET ADDRESS ~~1045 N COUNTY RD 427~~ **1275 Bennett Dr.**
CITY-ST-ZIP **LONGWOOD FL 32750 #127**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Forrest Davis **6-2-03** **407) 444-5660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90138595
798000031861

Please waive additional corporate renewal fees, as we recently made a location change and misplaced some of our files. Each one of us is thinking the other had taken care of the matter for finding needed information. If you can help us in this matter it will be greatly appreciated.

Thank you.

Tom F. Law