

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050908

1. Entity Name

DECO DEVELOPMENT, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90122 027 \*\*\*158.75

Principal Place of Business

Mailing Address

1210 LAKE WILLISARA CIRCLE  
ORLANDO FL 32806

1210 LAKE WILLISARA CIRCLE  
ORLANDO FL 32806-5582

2. Principal Place of Business

100 S. ORANGE AVE  
Suite, Apt. #, etc.  
STE 300

City & State  
ORLANDO FL

Zip 32801 Country USA

3. Mailing Address

100 S. ORANGE AVE  
Suite, Apt. #, etc.  
STE 300

City & State  
ORLANDO FL

Zip 32801 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3516581

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRIS, CONSTANCE  
1210 LAKE WILLISARA CIRCLE  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name PETER QUILTY

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

100 S. ORANGE AVE STE 300

City ORLANDO FL Zip Code 32801

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

*Peter Quilty*

2-25-00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ZUROMSKI, PAUL	
STREET ADDRESS	1210 LAKE WILLISARA CIR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUROMSKI, PAUL	
STREET ADDRESS	100 S. ORANGE AVE STE 300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER QUILTY	
STREET ADDRESS	100 S. ORANGE AVE STE 300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Peter Quilty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER QUILTY

Date

Daytime Phone #

2-25-00 407-481-8900

CR2E034 (9/99)