

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90226 017 \*\*\*150.00

**DOCUMENT # P98000067396**

1. Entity Name

**DECK TECH, INC.**

Principal Place of Business

**1320 RAIL HEAD BLVD  
#7  
NAPLES FL 34110**

Mailing Address

**1320 RAIL HEAD BLVD  
#7  
NAPLES FL 34110**

2. Principal Place of Business

**1455 Rail Head Blvd**

3. Mailing Address

**1455 Rail Head Blvd**

Suite, Apt. #, etc.

**#16**

Suite, Apt. #, etc.

**#16**

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34110**

Country

**USA**

Zip

**34110**

Country

**USA**

4. FEI Number

**65-0855498**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HUTSON, STACEY  
27536 BIG BEND ROAD  
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name **Stacey Hutson - Stanbro**

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

**27536 Big Bend Rd**

City

**Bonita Springs**

FL

Zip Code

**34134**

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 **Stacey H. Stanbro**

Signature, typed or printed name of registered agent and title if applicable.

**Stacey H. Stanbro**

(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

TITLE **P** ☐ Delete  
NAME **HUTSON, STACEY**  
STREET ADDRESS **27536 BIG BEND RD**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **owner / pres.** ☒ Change ☐ Addition  
NAME **Stacey H. Stanbro**  
STREET ADDRESS **27536 Big Bend Rd**  
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Stacey H. Stanbro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/23/01**

Date

Daytime Phone #

**941-596-6104**

CR2E034 (10/00)

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**  
 TYPE IN UPPER CASE  
 USE BLACK INK

This license not valid unless seal of Clerk,  
 Circuit or County Court, appears thereon.

attachment  
 D# PA8 000067396  
 (STATE FILE NUMBER)

\*\*\* 2686508 OR: 2719 PG: 1585 \*\*\*

RECORDED in OFFICIAL RECORDS of COLLIER COUNTY, FL  
 09/08/2000 at 10:03AM DWIGHT E. BROCK, CLERK

RBC FEE 6.00

Retn:  
 GREGORY S STANBRO  
 27536 BIG BRND ROAD  
 BONITA SPRINGS FL 34134

00 0316 GTC

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>GREGORY STEWART STANBRO</b>			2. DATE OF BIRTH (Month, Day, Year) <b>FEBRUARY 13, 1949</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>BONITA SPRINGS</b>		3b. COUNTY <b>LEE</b>		3c. STATE <b>FLORIDA</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>STACEY LEE HUTSON</b>			5b. MAIDEN SURNAME (If different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>BONITA SPRINGS</b>		7b. COUNTY <b>LEE</b>		7c. STATE <b>FLORIDA</b>	
			8. BIRTHPLACE (State or Foreign Country) <b>MASSACHUSETTS</b>		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Gregory Stewart Stanbro</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>AUGUST 25, 2000</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Anne Dixon</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Stacey Lee Hutson</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>AUGUST 25, 2000</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Anne Dixon</i>	

**LICENSE TO MARRY**

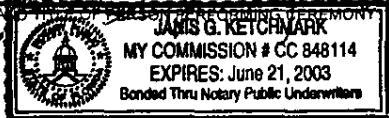
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>COLLIER</b>		18. DATE LICENSE ISSUED <b>AUGUST 25, 2000</b>		18a. DATE LICENSE EFFECTIVE <b>AUGUST 28, 2000</b>		19. EXPIRATION DATE <b>OCTOBER 26, 2000</b>	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Anne Dixon</i>				20b. TITLE <b>DEPUTY CLERK</b>		20c. BY D.C. <b>AB</b>	

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>September 8, 2000</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Naples, Florida</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>James G. Ketchmark</i>		23c. ADDRESS (Of person performing ceremony) <b>2451 JASPER AVE F. MYERS, FL 33907</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Use black ink) <b>JAMES G. KETCHMARK</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Kevin Stanbro</i>	
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Kevin Stanbro</i>			



State of FLORIDA  
 County of COLLIER  
 I HEREBY CERTIFY THAT this is a true and correct copy of a document recorded in the OFFICIAL RECORDS of Collier County. WITNESS my hand and official seal this date: **Sept. 8, 2000**  
 DWIGHT E. BROCK, CLERK OF CIRCUIT COURT  
 BY: *Patricia G. Talbot*