

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 017 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000007142	
1. Entity Name DEACO CARPENTRY CORP.	

90100583

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8546 Ft. Clinch Ave. Suite, Apt. #, etc.	3. Mailing Address 8546 Ft. Clinch Ave. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Orlando Fl	City & State Orlando Fl	4. FEI Number 59-3580548	Applied For ☐ Not Applicable
Zip 32822	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name GALINDO, LUIS E.	
	Street Address (P.O. Box Number is Not Acceptable) 8546 Ft. Clinch Ave.	
	City Orlando Fl	Zip Code FL 32822

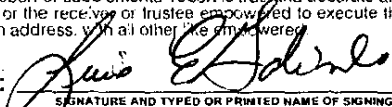
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ By whom? (owner, president, authorized officer, stockholder, etc.) _____ Printed Name of Agent or Authorized Officer or Director _____ DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME GALINDO, LUIS E.	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS 8546 Ft. Clinch Ave	STREET ADDRESS 8546 F. Clinch Ave	STREET ADDRESS	
CITY-ST-ZIP Orlando Fl 32822	CITY-ST-ZIP Orlando Fl 32822	CITY-ST-ZIP	
TITLE VICE_PRES.	NAME GALINDO, MARILYN	TITLE	
STREET ADDRESS 8546 F. Clinch Ave	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP Orlando Fl 32822	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
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TITLE	NAME	TITLE	
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

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 on an attachment with an address, with all other like signatures.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)