

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017243

1. Entity Name

AARON'S DECK PRO, INC.

FILED 091300

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6017 PINE RIDGE ROAD #166
NAPLES FL 34119

Mailing Address

6017 PINE RIDGE ROAD #166
NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Country

4. FEI Number

Applied For

Not Applicable

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

PITKIN, JERALD R ESQ
4947 TAMiami N., STE. 202
NAPLES FL 34103

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. Corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
POST
POLK, WAYNE
4947 TAMiami N., STE. 202
NAPLES FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003459884-3
-11/09/00-01125-014

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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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-31-00

SIRS, This is the first time I have ever heard of this thing. You did not send me a bill. Now, you want to fine me \$900 for not paying the bill which you did not send. This is the straw that broke the camel's back. I must go under. The government has insistently made more from my business than I have it. Even since I bought this business I have tried my very best to do EVERYTHING according to the law. Now I see why my competitors do not and why the guy I bought it from advised me not to. This is a low margin job & one can not pay all you charge and compete or even stay in business. I surrender. I can't pay what you demand. WAYNE FOLK