

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000023452**

1. Entity Name

HAL-DEK PROPERTIES, INC.**FILED****Mar 22, 2001 8:00 am**
Secretary of State

03-22-2001 90062 042 ***150.00

Principal Place of Business

959 EXPLORER COVE
ALTAMONTE SPRINGS FL

Mailing Address

P.O. BOX 150236
ALTAMONTE SPRINGS FL 32715

2. Principal Place of Business

998 EXPLORER COVE

Suite, Apt. #, etc.

SUITE 130

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

Zip

32715

Country

SEMINOLE

Zip

32715

Country

FL

4. FEI Number

59-3635342

Applied For

Not Applicable

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

Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DECKER, HAROLD R**
513 SPRING VALLEY ROAD
ALTAMONTE SPRINGS FL 32701

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 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 State10. 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	<input type="checkbox"/> Delete
	PD			
	DECKER, HAROLD R			
	PO BOX 151046			
	ALTAMONTE SPRINGS FL 32715			
	SD			
	DECKER, PEGGY D			
	PO BOX 151046			
	ALTAMONTE SPRINGS FL 32715			
	VD			
	MORRONE, FRANK G			
	1445 SPAULDING ROAD			
	WINTER SPRINGS FL 32701			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)