

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90548 048 ***150.00

DOCUMENT # P99000023452

1. Entity Name
HAL-DEK PROPERTIES, INC.

80126951



DO NOT WRITE IN THIS SPACE

Principal Place of Business
998 EXPLORER COVE
SUITE 130
ALTAMONTE SPRINGS FL 32715

Mailing Address
P.O. BOX 150236
ALTAMONTE SPRINGS FL 32715

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 151046
 Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS

City & State
ALTAMONTE SPRINGS

Zip
32715

4. FEI Number **59-3635342** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75-Additional Fee Required**

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

7. Name and Address of New Registered Agent
 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 _____ (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, 2002 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECKER, HAROLD R PO BOX 151046 ALTAMONTE SPRINGS FL 32715	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECKER, PEGGY D PO BOX 151046 ALTAMONTE SPRINGS FL 32715	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRONE, FRANK G 1445 SPAULDING ROAD WINTER SPRINGS FL 32701	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-2002
 Date Daytime Phone #

CR2E034 (9/01)