2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027333 Apr 07, 2000 8:00 am Secretary of State DECOSHIELD SYSTEMS, INC. 04-07-2000 90091 044 ***150.00 Mailing Address Principal Place of Business 764 N.E. 42ND ST. 764 N.E. 42ND ST. POMPANO BEACH FL 33064-4204 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 270 SW Aze <u>১৯০ ১ ১</u> 12 TH AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0906064 Not Applicable Decr fre FL Deerfield ۴L Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 33442 33442 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMM, LINDA S Street Address (P.O. Box Number is Not Acceptable) 764 N.E. 42ND ST. POMPANO BEACH FL 33064 Ase 270 12 TH Zip Code **33식식**2 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 (Didont (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Board Chairman TITLE □ Delete TITLE Stephen Einhorn NAME NAME 2675'N. Mayfair Rd., Ste. 410 STREET ADDRESS STREET ADDRESS Milwaukee, WI 53226 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Board Member ☐ Change ☐ Delete TITLE Dr. Sheppard Mollick 225 E. Ravinz Baye RA. NAME NAME STREET ADDRESS STREET ADDRESS Bayside, WI 53217 CITY-ST-ZIP CITY-ST-7IP Board Member ☐ Addition Change ☐ Delete TITLE TITLE Michael J. Nevins NAME NAME W318 N 1045 Huckleberry Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delatield, WI 53018 CITY-ST-ZIP ☐ Addition Board Member President TITLE Change ☐ Delete Linda S. Camm NAME NAME 270 Sw. 12+4 Ave. STREET ADDRESS STREET ADDRESS DITY-ST-ZIP Deerfield FL 33442 CITY-ST-ZIP ☐ Addition ☐ Change Board Member / Vice-Prosident Delete TITLE TITLE NAME Robert V. Daigle NAME The N.E. 42 nd Street Pompano Beach, FL 33064 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

MIND S CAMME OF LOVER S. CAMM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR