

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90021 005 \*\*\*150.00

**DOCUMENT # P99000055566**

1. Entity Name

**DECEL INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**121 HUNTERS TRAIL  
LONGWOOD FL 32750**

**121 HUNTERS TRAIL  
LONGWOOD FL 32779-3053**

**823646**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**121 Hunters Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Longwood, FL**

**Longwood, FL**

Zip

Country

Zip

Country

**32779**

**U.S.A.**

**32779**

**U.S.A.**

4. FEI Number

**59-3584244**

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

**BUCCI, JOHN G  
121 HUNTERS TRAIL  
LONGWOOD FL 32750**

Name **Bucci, John G**

Street Address (P.O. Box Number is Not Acceptable)

**121 Hunters Trail**

City **Longwood**

**FL**

Zip Code **32779**

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

*John G Bucci*

**March 14, 2000**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BUCCI, JOHN G**  
STREET ADDRESS **121 HUNTERS TRAIL**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **PD** ☒ Change ☐ Addition  
NAME **BUCCI, JOHN G**  
STREET ADDRESS **121 Hunters Trail**  
CITY-ST-ZIP **Longwood FL 32779**

TITLE **VD** ☐ Delete  
NAME **VIDAL, MARIA DECELES F**  
STREET ADDRESS **121 HUNTERS TRAIL**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **VD** ☒ Change ☐ Addition  
NAME **VIDAL, Maria Deceles F**  
STREET ADDRESS **121 Hunters Trail**  
CITY-ST-ZIP **Longwood FL 32779**

TITLE **SD** ☐ Delete  
NAME **BUCCI, ISIS V**  
STREET ADDRESS **121 HUNTERS TRAIL**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Bucci, Isis V**  
STREET ADDRESS **121 Hunters Trail**  
CITY-ST-ZIP **Longwood FL 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE:

*John G Bucci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 14, 2000**

Date

**407-645-5522**

Daytime Phone #

**224**

CR2E034 (9/99)