

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90121 011 ***150.00

DOCUMENT # S77318

1. Entity Name
DECKS AND DOCKS LUMBER COMPANY



Principal Place of Business
4801 - 95TH ST., N.
ST. PETERSBURG FL 33708
US

Mailing Address
4801 - 94TH ST., N.
ST. PETERSBURG FL 33708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3084131**

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

HAMILTON, JOHN R.
1304 PASS-A-GRILL
ST. PETERSBURG BEACH FL 33706

Name **Richard E. Remke**
Street Address (P.O. Box Number is Not Acceptable) **2011 Michigan Ave NE.**
City **St. Petersburg** **FL** **Zip Code** **33703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Richard E. Remke

1/30/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ **Delete**
NAME **HAMILTON, JOHN R.**
STREET ADDRESS **1304 PASS A GRILLE WAY**
CITY-ST-ZIP **ST. PETE BEACH FL**

TITLE **DP** ☐ **Change** ☒ **Addition**
NAME **Remke, Richard E.**
STREET ADDRESS **2011 Michigan Ave NE**
CITY-ST-ZIP **St. Petersburg FL 33703**

TITLE **DS** ☒ **Delete**
NAME **HAMILTON, LINDA L.**
STREET ADDRESS **1304 PASS A GRILLE WAY**
CITY-ST-ZIP **ST. PETE BEACH FL**

TITLE **DV** ☐ **Change** ☒ **Addition**
NAME **Remke, KATHRON F.**
STREET ADDRESS **2011 Michigan Ave N.E.**
CITY-ST-ZIP **St. Petersburg FL 33703**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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STREET ADDRESS
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TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard E. Remke, Pres *1/30/03* *727-399-9663*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)