

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90016 029 ***150.00

DOCUMENT # V30326

1. Entity Name

DECRENZA, INC.

Principal Place of Business

620 S. VOLUSIA AVE.
 ORANGE CITY FL 32763

Mailing Address

620 S. VOLUSIA AVE.
 ORANGE CITY FL 32763-6504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3119306

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DECRENZA, JOHN A.
145 SCENIC MAGNOLIA DR.
DELAND FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)
708 E PENNSYLVANIA AVE.

DELAND FL 32724

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) **XX**

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 NAME Delete
D
DECRENZA, JOHN A
 STREET ADDRESS **145 SCENIC MAGNOLIA DR.**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE NAME Change Addition
 STREET ADDRESS **708 E PENNSYLVANIA AVE**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE NAME Delete
D
DECRENZA, REBECCA GAY
 STREET ADDRESS **145 SCENIC MAGNOLIA DR.**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE NAME Change Addition
 STREET ADDRESS **708 E PENNSYLVANIA AVE**
 CITY-ST-ZIP **DELAND, FL 32724**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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 A. DeCrenza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/00

Date

904-775-7007

Daytime Phone #

CR2E034 (9/99)