

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Sep 12, 2000 8:00 am  
Secretary of State**

09-12-2000 90235 004 \*\*\*550.00

**DOCUMENT # P97000089547**

1. Entity Name  
**DECASTA & ASSOCIATES, INC.**

Principal Place of Business <b>5260 LAKE WASHINGTON ROAD MELBOURNE FL 32934</b>	Mailing Address <b>P O BOX 361525 MELBOURNE FL 32936 US</b>
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2. Principal Place of Business <b>1571 CYPRESS AVE</b>	3. Mailing Address  Suite, Apt. #, etc.
City & State <b>MELBOURNE, FL.</b>	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3473803</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANDERSON, J. PATRICK  
930 S HARBOR CITY BLVD  
SUITE 505  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
Name **SCOTT WRIGHT, ESQ**  
Street Address (P.O. Box Number is Not Acceptable) **2285 W. EAU GALLE RIVD**  
City **Melbourne** FL Zip Code **32935**

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]* DATE **8/17/00**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE	<b>D / PRES</b>	<input type="checkbox"/> Delete
NAME	<b>STALEY, DEAN C</b>	
STREET ADDRESS	<b>5260 LAKE WASHINGTON RD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STALEY, SHARON A</b>	
STREET ADDRESS	<b>5260 LAKE WASHINGTON RD</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>D / SGT</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>JOHN O'BRIEN, JOHN E.</b>		
STREET ADDRESS	<b>1473 ASHBOLO CIE, S.E.</b>		
CITY-ST-ZIP	<b>PAUM BAY, FL 32909</b>		
TITLE	<b>D / TRSA</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>KESIN MARY E.</b>		
STREET ADDRESS	<b>4777 BLACKBERRY DR.</b>		
CITY-ST-ZIP	<b>MELBOURNE, FL 32904</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: **DEAN C STALEY REQUIRED** **8/15/00** **321-752-7000** **752-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

*[Handwritten Signature: Dean C Staley]*

CR2E034 (5/00)