

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90290 022 ***150.00

TMAR-307 AV

DOCUMENT # 681461

1. Entity Name

DEISON AND ASSOCIATES, INC.

Principal Place of Business

**3233 THOMASVILLE RD
 PO BOX 13764 (32317)
 TALLAHASSEE FL 32312-
 US**

Mailing Address

**P O BOX 13764
 PO BOX 13764 (32317)
 TALLAHASSEE FL 32317
 US**

2. Principal Place of Business

3233 Thomasville Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-1628661

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOORE, EDGAR M.
 3233 THOMASVILLE RD
 TALLAHASSEE FL 32312 32308**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code
32308

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD.	MOORE, EDGAR M	3233 THOMASVILLE RD	TALLAHASSEE FL	<input type="checkbox"/>
S	SKELTON, BENSON L JR	1320 THOMASVILLE RD	TALLAHASSEE FL	<input type="checkbox"/>
V	BUFORD, A. L., JR.	217 JOHN KNOX RD	TALLAHASSEE FL	<input type="checkbox"/>
VSD	CAMPBELL, LINDA J	3233 THOMASVILLE RD	TALLAHASSEE FL	<input type="checkbox"/>
D.	SKELTON, BENSON L JR.	1320 THOMASVILLE RD.	TALLAHASSEE FL 32312	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
			zip 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			zip 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			zip 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			zip 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			zip 32308.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			zip 32308	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 850/386-7789
 Date Daytime Phone #

CR2E034 (9/01)