

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90173 045 ***150.00

DOCUMENT # 681461

1. Entity Name
DEISON AND ASSOCIATES, INC.



Principal Place of Business
**3233 THOMASVILLE RD
TALLAHASSEE FL 32308
US**

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



2. Principal Place of Business
3500 Financial Plaza

3. Mailing Address
Suite, Apt. #, etc.

Suite 202

City & State
Tallahassee, FL

City & State

4. FEI Number **59-1628661**

Applied For
Not Applicable

Zip Country
32312 USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

3500 Financial Plaza, Suite 202

City **Tallahassee**

FL

Zip Code **32312**

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

Edgar M. Moore

4/15/03

Signature, typed or printed name of registered agent and title if applicable

(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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MOORE, EDGAR M**
STREET ADDRESS **3233 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PD** ☒ Change ☐ Addition
NAME **Edgar M. Moore**
STREET ADDRESS **3500 Financial Plaza, Suite 202**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **S** ☐ Delete
NAME **SKELTON, BENSON L JR**
STREET ADDRESS **1320 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **V** ☐ Delete
NAME **BUFORD, A. L., JR.**
STREET ADDRESS **217 JOHN KNOX RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **VSD** ☐ Delete
NAME **CAMPBELL, LINDA J**
STREET ADDRESS **3233 THOMASVILLE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VSD** ☒ Change ☐ Addition
NAME **Linda J. Campbell**
STREET ADDRESS **3500 Financial Plaza, Suite 202**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Delete
NAME **SKELTON, BENSON L JR.**
STREET ADDRESS **1320 THOMASVILLE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

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:

Edgar M. Moore
President

4/15/03

850/386-7789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)