

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # H44759**

1. Entity Name  
**OLIVER & COMPANY, P.A., CERTIFIED PUBLIC ACCOUNT**

Principal Place of Business      Mailing Address  
**18 N. BROAD STREET      18 N. BROAD STREET**  
**BROOKSVILLE FL 34601      BROOKSVILLE FL 34601**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**DEASON, KENNETH C**  
**18 N BROAD ST**  
**BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-filing)

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, 2001 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	VD PATTERSON, O. CLINTON 5332 PATRICIA PLACE SPRING HILL FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARY, MARY B 9311 WALLIEN DR BROOKSVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM DEASON, C. K 10004 KIMBROUGH DR BROOKSVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SP**

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: C. Kenneth Deason      Date: 4/4/01      Daytime Phone: 352-796-1444

**PS193**

06 29 2001 8:01 STATE 150.00  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**01 JUN 28 PM 3:03**

**LUU1000**



DO NOT WRITE IN THIS SPACE

Attachment Doc # H44759

pg 203

COD 71866



# Oliver & Company, P.A.

Certified Public Accountants  
Business & Financial Consultants

Members of:  
American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants  
PCPS, The AICPA Alliance for CPA Firms

June 13, 2001

Division of Corporations  
Reinstatement Division  
PO Box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report for 2001  
Federal ID #59-2485874

Gentlemen:

Attached please find a copy of the referenced report and a copy of the check stub for \$150.00 that was mailed to you on April 2, 2001. As of today, this check has not cleared our bank account. Therefore, we are submitting a new check for \$150.00. Per our phone conversation with your department, please waive any penalties for late filing as this check has been lost in the mail.

Thank you.

Sincerely,

Oliver & Company  
C. Kenneth Deason, President

Attachment Doc # H 44759 pg 303



Department of State

C0071866 21925

CHECK NO. 21925  
DATE 3/31/01  
\*\*150.00

INV. DATE	INVOICE NO.	AMOUNT	AMOUNT PAID
2/01/01		150.00	150.00
	755 Taxes & Licenses		150.00

*Field letter to waive penalties*

850-487-6059  
*press 2*

P.O. Box 6327  
T. 32314