

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90134 039 ***150.00

DOCUMENT # H44759

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



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

Mailing Address
**18 N. BROAD STREET
BROOKSVILLE FL 34601**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2485874**
Applied For
 Not Applicable

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

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
MARY BETH GARY

Street Address (P.O. Box Number is Not Acceptable)
18 N. BROAD ST.

BROOKSVILLE

City **FL** Zip Code **34601**

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  DATE **3/5/03**

(NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY, MARY BETH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" 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		
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		

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:  DATE **3/5/03** DAYTIME PHONE # **352-796-1444**

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/02)