

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90142 009 ***150.00

DOCUMENT # L58779			
1. Entity Name DEERON, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 100 E 4TH AVE Suite, Apt. #, etc.		3. Mailing Address 100 E 4TH AVE Suite, Apt. #, etc.	
City & State MT DORA, FL		City & State MT DORA, FL	
Zip 32757	Country US	Zip 32757	Country US
		4. FEI Number 59-3002079	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name HAWKING, DORIS			
Street Address (P.O. Box Number is Not Acceptable) 402 LAKE DORA RD			
City MOUNT DORA		FL	Zip Code 32757
DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HAWKING, DORIS 402 LAKE DORA ROAD MOUNT DORA, FL 32757	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Doris Hawking</i>		DORIS HAWKING	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04-09-02 352 735-0606 Daytime Phone #	

CR2E034B (12/01)