## 2003 2002 UNIFORM BUSINESS REPORT (UBR)

2002	ONIFORM DOSI	MESS NEFO	is long	_ <del></del>
DOCUMENT # P01000102242  1. Entity Name				FILED
D.W. CLEVENGER & ASSOCIATES, INC.				04 FEB 17 PM 1:40
				SECRETARY OF OTA-
Principal Place	e of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
1309 MALDONADO DR. 1309 MALDONADO DR.				South COMPA
PENSACOLA FL 32561 PENSACOLA FL 32561				
				E NORTH EACH BLOOM CHOIL BEING BEING CHOIL BEING BIRGE HIER CHOICE CH COORDAN A
Principal Place of Business     3. Mailing Address				) (52)152) (il 26:21 tifti 25:11 22:11 22:11 22:11 23:11 23:11 23:11 23:11 23:11 23:11 23:11 23:11 23:11 23:11
3895 WINONA OR 3,895 WIN			NONA UL	
Suite, Apt. #, etc. Suite, Apt. #, etc.				12 13 -04 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
City & State City & State				4. FEI Number
PENSALOCA, FL PENSALOCA.			3 FL	59-374906-6 Not Applicable
Zip 325	Country	Zip 32504	Country	5. Certificate of Status Desired \$8.75 Additional
<i>3</i> (2)		Continuous Account		Fee Required
	6. Name and Address of Current F	registered Agent	Name	7. Name and Address of New Registered Agent
-MORRISO	N IAMES C			
MORRISON, JAMES C  Street Address (P.O. Box Number is Not Acceptable)  3895 Window 4 DA				
PENSACOLA FL 32504				
. 2.10/100			Cityo	Zip Code
			PEN	VSACOCA FL 32504
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 JAMES C. MORRISON 2/4/04				
SIGNATURE.	Signature, typed or printed name of registered agent a		•	ure required when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE IS \$550.00  After September 13, 2002 Fee will be \$750.00  Tout Fund Contribution  Added to Fees				
(See criteria on back)  Make Check Payable to Department of State				
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PRESIDENT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DONALD W CLEVENSA	* R	NAME	
STREET ADDRESS CITY-ST-ZIP	MOO WATER, OAK		STREET ADDRESS CITY-ST-ZIP	
· · · · · · · · · · · · · · · · · · ·	PINSON AL 35/26	Пъ		Change Addition
TITLE NAMÉ	SEC/TRES	Delete	TITLE NAME	600028310006
STREET ADDRESS	7900 WATER CIAK	v •	STREET ADDRESS	02/05/0401066005 **150.00
CITY-ST-ZIP	Susan PCLEVENGER POO WATER DAK PINSON, AL 35126		CITY-ST-ZIP	0E/00/07 01000 000 1100100
TITLE -		Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	02/17/04-01025004 **150.00
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS - CITY-ST-ZIP	**150.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		in Detele	NAME	, and the state of
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP		~~~	CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	And in Continue 440 07(0)(i) Florida Continue I forther and the first of the first
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: SIGNATURED JAMES C. MORRISON 2/4/84 850-221-2046				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Daylime Phone #				



## Jim Morrison Accounting, Inc. 6847A North 9<sup>th</sup> Avenue Suite 186 Pensacola, Florida 32504

nsacola, Florida 32504 (850) 221-2046

email:jim@JimMorrisonAssociates.com

Florida Department of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: DW Clevenger & Associates, Inc P01000102242

We request a reinstatement of this Corporation

Upon our discovering that the Corporation had been dissolved, we immediately began investigating why the proper forms were not filed.

The officers assumed the accountant had filed and the accountant thought the officers had filed, when no notices or forms were seen. It appears as if we never received the annual report or any notices associated with the dissolution of this corporation.

As can be seen from the use of a 2002 form, we do not have the 2003 form in our hands

Please understand that this was mistake and was not intentional done.

Enclosed please find two checks for \$150.00 each to cover the year 2003.

Thank you in advance for your consideration.

James C Morrison

President

Sincerely



## Jim Morrison Accounting, Inc. 6847A North 9<sup>th</sup> Avenue Suite 186 Pensacola, Florida 32504 (850) 221-2046

email:jim@JimMorrisonAssociates.com

Florida Department of State Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

RE: DW Clevenger & Associates, Inc. P01000102242

Thank you for your consideration in the reinstatement of this corporation.

Enclosed you will find a check for \$150.00 to cover 2004 filing

Thank you in advance for your consideration.

Sincerely

James C Morrison

President