

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

DOCUMENT # **POZ000026529**

1. Entity Name

**Dwayne Pressley Inc**

APPROVED  
AND  
FILED

03 MAY 22 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2698 Vista Rise**

3. Mailing Address

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

Zip

**32304**

Country

**USA**

Zip

Country

4. FEI Number

**010-632-373**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Dwayne Pressley**

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

**2698 Vista Rise Apt B**

City

**Tallahassee**

**FL**

Zip Code

**32304**

**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

**Dwayne Pressley**

Signature, typed or printed name of registered agent and when applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/29/04**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Dwayne Pressley CEO/President  
2698 Vista Rise Apt B  
Tallahassee, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**100017301821  
04/29/03--01048--001 \*\*150.00**

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:

**Dwayne Pressley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04**

DATE

**850.576.1915**

DAYTIME PHONE #

CR2E034B (12/01)