


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
Sep 02, 2003 8:00 am  
Secretary of State

08-22-2003 90108 022 \*\*\*150.00

**DOCUMENT # P02000061360**

1. Entity Name  
**CAYSON, INC.**



Principal Place of Business  
**7798 CRICKLEWOOD DR.  
TALLAHASSEE FL 32312**

Mailing Address  
**7798 CRICKLEWOOD DR.  
TALLAHASSEE FL 32312**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CAYSON, SEDITA  
7798 CRICKLEWOOD DR.  
TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$350.00**  
After September 10, 2003 Fee will be \$750.00  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>D CAYSON, SEDITA 7798 CRICKLEWOOD DR. TALLAHASSEE FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED DATE: 7/17/2003

CR2E034 (4/03)

Attachment

55055400

#P020000061300

**Robert E. Maloney, Jr.**

Attorney at Law

1580 Bannerman Road, Suite 2  
Tallahassee, Florida 32312  
(850) 668-3939

Fax (850) 668-3952

Also Admitted in:  
Connecticut  
Georgia  
Massachusetts

August 20, 2003

Secretary of State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

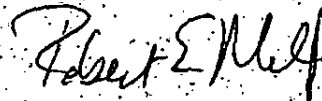
Re: Cayson, Inc.

To Whom It May Concern:

Enclosed please find my clients check in the amount of \$150.00, together with a letter requesting waiver of the late fee in this instance.

Any consideration you could give to this entity at this time would be greatly appreciated. Please forward any relevant correspondence to me at the above address.

Very Truly Yours,



Robert E. Maloney, Jr.

cc: Cayson, Inc.  
REM/rg

Attachment 55055400

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#P02000061360

**CAYSON, INC.**  
7798 Cricklewood Drive  
Tallahassee, Florida 32312  
850-933-6976

August 20, 2003


Secretary of the State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Please be advised that I am the President and Chairman of the Cayson, Inc. and this was the first notice I received regarding the reinstatement of this corporation. I am enclosing my check in the amount of \$150.00 and would ask that you waive the late fee associated with this late filing.

I cannot explain this discrepancy, but I do realize that payment for each year must be made by May 1, and I will see to it that it is renewed by that date every year.

Sincerely Yours,

  
Sedita Cayson,  
President