


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

87

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAYSON, SEDITA 7798 CRICKLEWOOD DR. TALLAHASSEE FL 32312		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 7/17/2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

00000000



CHECK HERE IF MAKING CHANGES

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

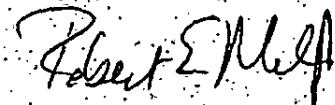
Re: Cayson, Inc.

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