

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90136 020 \*\*\*150.00

DOCUMENT # P93000065372

1. Entity Name  
PRESSON, INC.



Principal Place of Business  
10 EAST FAIRVIEW DRIVE  
STE A  
PENSACOLA FL 32501

Mailing Address  
10 EAST FAIRVIEW DRIVE  
STE A  
PENSACOLA FL 32501

90045531



2. Principal Place of Business

10 E. Fairfield Dr

Suite, Apt. #, etc.  
Ste. A

City & State  
Pensacola Fl

Zip  
32501

Country  
USA

3. Mailing Address

10 E. Fairfield Dr

Suite, Apt. #, etc.  
Ste. A

City & State  
Pensacola Fl

Zip  
32501

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3202555

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEANER, RITA H  
3035 OAK POINTE DR  
PENSACOLA FL 32505

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE PD  
NAME WEANER, RITA H  
STREET ADDRESS 3035 OAK POINTE DR  
CITY-ST-ZIP PENSACOLA FL

TITLE VD  
NAME WEANER, LOWELL R  
STREET ADDRESS 3035 OAK POINTE DR  
CITY-ST-ZIP PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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:

*Rita H. Weaner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03

850-433-8338

CR2E034 (10/02)