

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90224 027 \*\*\*150.00

**DOCUMENT # P94000050010**

1. Entity Name

**THOMAS MICHAEL DEESE, C.P.A., P.A.**

Principal Place of Business

**307 E LINCOLN AVE  
 MELBOURNE FL 32901**

Mailing Address

**307 E LINCOLN AVE  
 MELBOURNE FL 32901**

**ADULTS**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3257796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEESE, THOMAS M  
 1800 OAK STREET  
 MELBOURNE FL 32901**

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.

SIGNATURE

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

(NOT)

Registered Agent signature required when reinstating)

DATE

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

**FILE NOW:  
 After MAY 1, 2001  
 Make Check Payable to Department of State**

**FEE IS \$150.00**

**Fee will be \$550.00**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEESE, THOMAS M</b>	
STREET ADDRESS	<b>1800 OAK ST</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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:

*Thomas M Deese* *Pres/CEO/Dm* *5/18/01* *321-733-0067*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment  
04/24/0005010  
A0072374

**Friday, May 18, 2001**

**Florida Department of State  
Division of Corporations  
P O BOX 6327  
Tallahassee, Florida 32314**

**RE: UBR 2001**

**Dear Sir/Madame:**

**Please accept enclosed check herewith in the amount of \$150 as payment for the 2001 Uniform Business Report for THOMAS MICHAEL DEESE, CPA, PA.**

**I apologize for being late, however due to circumstances beyond my control I overlooked sending the form in by the due date of May 1, 2001. This is the first time I have been late in filing this with the Department of State to my recollection.**

**I hope you are of an understanding nature and will forgive the penalty for late filing of this report.**

**Best Regards,**



**Thomas Michael Deese, CPA, PA  
307 East Lincoln Avenue  
Melbourne, Florida 32901  
Phone: (321) 733-0057  
e-mail: deesecpa@juno.com**