

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

**AMENDED
FILED**

03 APR 28 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008316
1. Entity Name
Kevin R. Deyo, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
246 EAST SIXTH AVE
Suite, Apt. #, etc.

3. Mailing Address
246 EAST SIXTH AVE
Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32303 Country
USA

Zip
32303 Country
USA

4. FEI Number
59-3091355 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent,
Name KEVIN R. DEYO
Street Address (P.O. Box Number is Not Acceptable)
3964 DORSET PLACE
City Tallahassee FL Zip Code 32303

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] Kevin R. Deyo DATE 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PRESIDENT KEVIN R. DEYO 246 EAST SIXTH AVE Tallahassee FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100018839991 05/13/03--01061--009 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY BRIAN SEPOWITZ 246 EAST SIXTH AVE. Tallahassee FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: [Signature] Kevin R. Deyo DATE 4/28/03 8505667356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)