

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91531 031 ***150.00

DOCUMENT # P97000068736

1. Entity Name

JOHN P. DEAKINS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~125 BLUE RUN DRIVE~~
DUNNELLON FL 34432

~~125 BLUE RUN DRIVE~~
DUNNELLON FL 34432

2. Principal Place of Business

9395 SW 186 TERRACE

3. Mailing Address

9395 SW 186 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNNELLON, FL

City & State

DUNNELLON, FL

4. FEI Number

59-3464730

Applied For

Not Applicable

Zip

34432

Country

USA

Zip

34432

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEAKINS, JOHN P
125 BLUE RUN DR
DUNNELLON FL 34432

7. Name and Address of New Registered Agent

Name **DEAKINS JOHN P**

Street Address (P.O. Box Number is Not Acceptable)

9395 SW 186 TERRACE

City

DUNNELLON

FL

Zip Code

34432

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

John P. Deakins Pres.

4/15/02

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

(NOTE: 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!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PTD	<input type="checkbox"/> Delete
NAME	DEAKINS, JOHN P	
STREET ADDRESS	125 BLUE RUN DRIVE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DEAKINS, BEVERLEY V	
STREET ADDRESS	125 BLUE RUN DRIVE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAKINS, JOHN P	
STREET ADDRESS	9395 SW 186 TERRACE	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAKINS BEVERLEY V.	
STREET ADDRESS	9395 SW 186 TERRACE	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

John P. Deakins PRESIDENT
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

352-427-6525

Daytime Phone #

CR2E034 (9/01)