

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90297 042 \*\*\*150.00

0128899 AV

**DOCUMENT # P97000089547**

1. Entity Name  
**DECASTA & ASSOCIATES, INC.**



Principal Place of Business  
**751-90 ENTERPRISE CT.  
MELBOURNE FL 32934  
US**

Mailing Address  
**P O BOX 361525  
MELBOURNE FL 32936  
US**

**11019659**



2. Principal Place of Business  
**751 Enterprise Ct**

3. Mailing Address  
**751 Enterprise Ct**

Suite, Apt. #, etc.  
**Suite D-2**

Suite, Apt. #, etc.  
**Suite D-2**

City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

4. FEI Number **59-3473803**  
Applied For  
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country  
**32934 Brevard**

Zip Country  
**32934 Brevard**

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

**WRIGHT, SCOTT ESQ  
2285 W EAU GALLIE BLVD  
MELBOURNE FL 32935**

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 *Dennis E. Bony* DATE 4/24/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
NAME **STALEY, DEAN C**  
STREET ADDRESS **5260 LAKE WASHINGTON RD**  
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS**  Delete  
NAME **O'BREIN, JOHN E**  
STREET ADDRESS **1473 ASHBORO CIR S.E**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **D**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT**  Delete  
NAME **KESIN, MARY E**  
STREET ADDRESS **711 PEBBLE BEACH AVE NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Change  Addition  
NAME **Dennis E. Bony**  
STREET ADDRESS **815 Thomas Barbour Dr**  
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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: *Dennis E. Bony* **SIGNATURE REQUIRED** DATE 4/24/03 (321) 752-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)