2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P98000006702

1. Entity Name

PRESLEY AND ASSOCIATES, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90130 005 ***150.00

Principal Place of Business 516 SOUTH PŁUMOSA STREET #19 MERRITT ISLAND FL 32952		516 8	Mailing Address 516 SOUTH PLUMOSA STREET #19 MERRITT ISLAND FL 32952				9002094			
2. Principal Place of Business			3. Mailing Address				*	 	88418 1181 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. 1	FEI Number 59-3486940	├	Applied For	
Zip	Country Zip			Coun	Country				\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registere	d Agent	ļ		7. 1	Name and Address of New Register	ed Agent		
PRESLEY.	RONALD WAYNE		Name							
516 SOUTH PLUMOSA STREET #19			Stree			et Address (P.O. Box Number is Not Acceptable)				
	SLAND FL 32952							*~		
2					City		F	Zip Co	de ·	
	named entity submits this statement for ions of registered agent.	r the purp	ose of changing its	register	ed office or re	egistered ag	ent, or both, in the State of Florida. 1 a	am familiar with	i, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	licable. (NOT	E: Registere	d Agent signature	required when re	einstating) DA1	ΓE		
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State					Election Campaign Financing Trust Fund Contribution.	☐ Adde	00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTO		11.	· F	AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESLEY, RONALD W 516 S. PLUMOSA ST., #19 MERRITT ISLAND FL 32952		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition ()		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESLEY, KAREN S 576 S. PLUMOSA ST., #19 MERRITT ISLAND FL 32952		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODY, KAROL S 250 S. SYKES CREEK PKWY., # MERRITT ISLAND FL 32952	710	Delete Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i			☐ Change	Addition	
TITLE NAME Street Address City-St-Zip			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	true and owered to	accurate and that n execute this report	ny signat as requir	ture shall hav	e the same l	legal effect as if made under oath; tha	t I am an office	er or director	