

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050181

1. Entity Name
T.H. DEISON & COMPANY, INC.



Principal Place of Business
1530 COLONIAL DRIVE
TALLAHASSEE FL 32303

Mailing Address
P.O. BOX 16186
TALLAHASSEE FL 32317-6186

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90446 026 ***150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 4770 HIGHGROVE ROAD		3. Mailing Address		4. FEI Number 59-3582244		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State TALLAHASSEE, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32309	Country USA	Zip	Country				

6. Name and Address of Current Registered Agent DEISON, ALLISON H ESQ. 1530 COLONIAL DRIVE TALLAHASSEE FL 32303		7. Name and Address of New Registered Agent Name ALLISON H. DEISON, ESQ. Street Address (P.O. Box Number is Not Acceptable) 4770 HIGHGROVE ROAD City TALLAHASSEE FL Zip Code 32309	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D DEISON, THOMAS H 1530 COLONIAL DRIVE TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Thomas H. Deison

Date

Daytime Phone #

4-15-03 850-297-26

CR2E034 (10/02)