

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

02-21-2002 90328 007 ***150.00
396893

DOCUMENT # **396893**

1. Entity Name

THE FOUR SCORE CORPORATION

SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 15 AM 10:50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13825 US Hwy 98 Bypass

3. Mailing Address
P.O. Box 1075

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dade City, FL 33525

City & State
Dade City, FL

4. FEI Number
59 1413889

Applied For
Not Applicable

Zip
33525

Country
USA

Zip
33526-1075

Country
USA

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
Robert D. Sumner, Esq.

Street Address (P.O. Box Number is Not Acceptable)
13825 US Hwy 98 Bypass

City
Dade City, FL

FL

Zip Code
33525

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 **Robert D. Sumner, Esq.**

2-11-02

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)

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
President, Secretary, & Treasurer	Hjalma E. Johnson	13825 US Hwy 98 Bypass	Dade City, FL 33525

**DO NOT WRITE
IN THIS SPACE**

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 or without like empowered.

SIGNATURE:

HJALMA E. JOHNSON

2-11-02

352-521-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)