

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71798

1. Entity Name

CHARLES R. CORSON & ASSOCIATES, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90292 036 ***150.00

Principal Place of Business

2401 FIFTH AVE. N.
ST. PETERSBURG FL 33713
US

Mailing Address

2401 FIFTH AVE. N.
ST. PETERSBURG FL 33713
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2574654

Applied For

Not Applicable

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

CORSON, JEAN A.
520 S COLLIER BLVD
SUITE 304
MARCO ISLAND FL 34145

Name

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

2401 Fifth Avenue N.

City St. Petersburg

FL

Zip Code 33713

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CORSON, JEAN A
STREET ADDRESS 520 S COLLIER BLVD, #304
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE P/D/S/T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS 2401 Fifth Avenue North
CITY-ST-ZIP St. Petersburg, FL 33713

TITLE STD ☒ Delete
NAME CORSON, JEAN A.
STREET ADDRESS 520 S COLLIER BLVD, #304
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

JEAN A CORSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

727 327-1516

Daytime Phone #

CR2E034 (10/00)