

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90257 005 ***150.00

0563005 AV

DOCUMENT # L73295

1. Entity Name
BISON ELECTRONICS CORPORATION



Principal Place of Business

Mailing Address

**294 HIDDEN BAY DRIVE
#201
OSPREY FL 34229
US**

**294 HIDDEN BAY DRIVE
#201
OSPREY FL 34229
US**

2. Principal Place of Business

3. Mailing Address

**333 S. Tamiami Trail
Suite, Apt. #, etc.
272**

**333 S. Tamiami Trail
Suite, Apt. #, etc.
272**

City & State

City & State

Venice, Florida

Venice, Florida

Zip
34285

Country

USA

Zip

34285

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3071919

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

**KALCHBRENNER, DAVID A.
294 HIDDEN BAY DRIVE
#201
OSPREY FL 34229**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
**PVT
KALCHBRENNER, DAVID A.
294 HIDDEN BAY DRIVE #201
OSPREY FL 34229** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDC
KALCHBRENNER, DAVID A.
294 HIDDEN BAY DRIVE #201
OSPREY FL 34229** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

David A. Kalchbrenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

(941) 486-4202

Daytime Phone #

CR2E034 (10/02)