

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90059 017 ***150.00

0435720

DOCUMENT # P00000048540

1. Entity Name
HOLSTER USA, INC.

Principal Place of Business
**1021 HOLBROOK CT., SUITE B-3
PORT ST. LUCIE FL 34952**

Mailing Address
**1021 HOLBROOK CT., SUITE B-3
PORT ST. LUCIE FL 34952**

2. Principal Place of Business
1053 Holbrook Ct. D-1
Suite, Apt. #, etc.
D-1

3. Mailing Address
1053 Holbrook Ct. D-1
Suite, Apt. #, etc.
D-1

City & State
Pt. St. Lucie, FL.

City & State
Pt. St. Lucie, FL.

4. FEI Number
65-1000089

Applied For
☐ Not Applicable

Zip Country
34952 USA

Zip Country
34952 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMBERT, ROGER C
2247 PALM BCH LAKES BLVD., SUITE 237
W. PALM BCH FL 33409**

7. Name and Address of New Registered Agent

Name
G. Stevens Lyshon
Street Address (P.O. Box Number is Not Acceptable)
1901 S. Indian River Dr.
City
Ft. Pierce **FL** Zip Code
34950

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 *G. Stevens Lyshon* **G. Stevens Lyshon**

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

(NOTE: Registered Agent signature required when reinstating)

01/31/01
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**G. Stevens Lyshon Pres.
1901 S. Indian River Dr.
Ft. Pierce, FL 34950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Louise G. Lyshon v/p
1901 S. Indian River Dr.
Ft. Pierce, FL. 34950** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *G. Stevens Lyshon* **G. Stevens Lyshon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/01 **561-337-3398**
Date Daytime Phone #

CR2E034 (10/00)