# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

CORRECTION

FILED

03 MAY -2 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORRECTION

DOCUMENT # P02000036645

1. Entity Name
BRONSON [redacted] CORPORATION
DEVELOPMENT

DO NOT WRITE IN THIS SPACE

37-1428886

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9502 U.S. 19 N. | 561 HUNT RD. |
| Suite, Apt. #, etc. X | Suite, Apt. #, etc. TARPON SPRINGS, |
| City & State PORT RICHEY, FLA | City & State FLORIDA |
| Zip 34668 Country USA | Zip 34688 Country USA |

4. FEI Number [redacted] ☐ Applied For ☐ Not Applicable

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 SUZANNE CALLSON

Street Address (P.O. Box Number is Not Acceptable) 561 HUNT RD

City TARPON SPGS. FL Zip Code 34688

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 Suzanne L Carlson 3/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | | | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT + DIRECTOR<br>SUZANNE CALLSON<br>561 HUNT RD<br>TARPON SPGS, FLA. 34688 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000018454110<br>05/07/03--01065--018 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Suzanne Carlson 3/20/03 727-560-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #