

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90108 039 \*\*\*150.00

0014107 AV

**DOCUMENT #** P02000062717

**1. Entity Name**  
THE CORSON GROUP INC.



**Principal Place of Business**  
1524-TRAVELERS PALM DR.  
EDGEWATER FL 32132

**Mailing Address**  
1339 BEVILLE RD  
DAYTONA BEACH FL 32119



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
Edgewater Florida  
1524 Travelers Palm Dr  
Suite, Apt. #, etc.

**3. Mailing Address**  
1339 Beville Rd  
Suite, Apt. #, etc.

**City & State**  
Edgewater FL  
Zip: 32132  
Country: Volusia

**City & State**  
Daytona Beach  
Zip: 32119  
Country: Volusia

**4. FEI Number**  
50-0003605  
**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

ADAIR, MELODY H  
1339 BEVILLE RD.  
DAYTONA BEACH FL 32119

**7. Name and Address of New Registered Agent**

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	SIMPSON, WILLIAM D
<b>STREET ADDRESS</b>	1524 TRAVELERS PALM DR.
<b>CITY-ST-ZIP</b>	EDGEWATER FL 32132
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	CORNINE, KENNETH D
<b>STREET ADDRESS</b>	1615 SABAL PALM DR.
<b>CITY-ST-ZIP</b>	EDGEWATER FL 32132
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03  
Date Daytime Phone #

CR2E034 (10/02)