

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90265 041 ***150.00

0575903

DOCUMENT # P08347

1. Entity Name
CARSON HOLDINGS LIMITED, A LIBERIAN CORPORATION

Principal Place of Business

Mailing Address

1760 BRISTOL RD
 WARRINGTON PA 18976
 US

1760 BRISTOL RD
 P O BOX 160
 WARRINGTON PA 18976
 US

NOV 11 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1523924**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

THORNTON, H R JR.
 4449 RUMMELL ROAD.
 P.O. BOX 245
 ST. CLOUD FL 32769

Name **STEPHEN B HARRIS**

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

1836 WOODWARD ST

City

ORLANDO FL

FL

Zip Code

32803

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]

[Signature]

1/29/01

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 NAME STREET ADDRESS CITY-ST-ZIP | PD PEARMAN, R. S. L BOX 1022, CHURCH ST. W. HAMILTON, BERMUDA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COTTINGHAM, D R CENTURY HSE 16 PAR-LA-VILLE RD HAMILTON, BERMUDA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SCOTT, A TOWER HILL HSE. ST. PETERS PORT GUERNSEY CHANNEL, ISL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MADHVANI, MAYUR M BOX 51148, MAMA NGINA ST NAIROBI, KENYA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, S A CENTURY HSE 16 PAR-LA-VILLE RD HAMILTON, BERMUDA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, STEPHEN B 1760 BRISTOL RD PO BOX 160 WARRINGTON PA 18976 | <input type="checkbox"/> Delete |

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

[Signature] Director

1/24/01

Date

215 343 9000

Daytime Phone #

CR2E034 (10/00)