

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90375 045 ***550.00

DOCUMENT # **P08347**

1. Entity Name
CARSON HOLDINGS LIMITED, A LIBERIAN CORPORATION

Principal Place of Business
 1760 BRISTOL RD
 WARRINGTON PA 18976
 US

Mailing Address
 1760 BRISTOL RD
 P O BOX 160
 WARRINGTON PA 18976
 US

00127700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

4. FEI Number **52-1523924** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARRIS, STEPHEN
1836 WOODWARD ST
ORLANDO FL 32803

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** Delete
 NAME **PEARMAN, R. S. L**
 STREET ADDRESS **BOX 1022, CHURCH ST. W.**
 CITY-ST-ZIP **HAMILTON, BERMUDA**

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

TITLE **S** Delete
 NAME **COTTINGHAM, D R**
 STREET ADDRESS **CENTURY HSE 16 PAR-LA-VILLE RD**
 CITY-ST-ZIP **HAMILTON, BERMUDA**

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

TITLE **S** Delete
 NAME **SCOTT, A**
 STREET ADDRESS **TOWER HILL HSE. ST. PETERS PORT**
 CITY-ST-ZIP **GUERNSEY CHANNEL, ISL**

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

TITLE **VD** Delete
 NAME **MADHVANI, MAYUR M**
 STREET ADDRESS **BOX 51148, MAMA NGINA ST**
 CITY-ST-ZIP **NAIROBI, KENYA**

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

TITLE **D** Delete
 NAME **MORRIS, S A**
 STREET ADDRESS **CENTURY HSE 16 PAR-LA-VILLE RD**
 CITY-ST-ZIP **HAMILTON, BERMUDA**

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

TITLE **D** Delete
 NAME **HARRIS, STEPHEN B**
 STREET ADDRESS **1760 BRISTOL RD PO BOX 160**
 CITY-ST-ZIP **WARRINGTON PA 18976**

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

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 supplement thereto 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/2/02** Daytime Phone # **215 343 9000**

CR2E034 (4/02)