

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90080 043 \*\*\*150.00

DOCUMENT # P94000004971
1. Entry Name LISTON CORPORATION

Principal Place of Business 2389 RINGLING BLVD #D SARASOTA, FL 34237
Mailing Address 8821 COPENHAVER DRIVE POTOMAC, MD 20854

2. Principal Place of Business 2389 RINGLING BLVD #D
3. Mailing Address 8821 COPENHAVER DR

City & State SARASOTA FL
City & State POTOMAC MD
Zip 34237 Country USA Zip 20854 Country USA

4. FEI Number 57-3222919
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
KIRK PINKERTON
720 S. ORANGE AVE
SARASOTA, FL 34236

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

9. 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
Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!! FEE IS \$150.00
APR/MAY 1, 2000 Fee will be \$250.00
Make Check Payable to Department of State

Table with 11 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City, ST, ZIP. Entry for M.C. BARNARD, 8821 COPENHAVER DR, POTOMAC, MD 20854.

Table with 12 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, City, ST, ZIP. Entry for M.C. BARNARD, 8821 COPENHAVER DR, POTOMAC, MD 20854.

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: M.C. BARNARD 4/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date

CR2000a (rev. 01)