

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90446 002 ***150.00

DOCUMENT # P94000036966

1. Entity Name

SANSON INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4004 128 STREET W #904

Suite, Apt. #, etc.

3. Mailing Address

4004 128 STREET W #904

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORTEZ FL

City & State
CORTEZ FL

4. FEI Number
13-1922426

Applied For
Not Applicable

Zip
34215

Country

Zip
34215

Country

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
SANSON, WILLEM M

Street Address (P.O. Box Number is Not Acceptable)
4004 128 STREET W #904

City
CORTEZ

FL Zip Code
34215

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, 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SANSON, WILLEM M
4004 128 STREET W #904
CORTEZ FL 34215

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
SANSON, KAREN
4004 128 STREET W #904
CORTEZ FL 34215

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #