

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000080794**

1. Entity Name  
**TANSON CORPORATION**



FILED  
03 SEP 22 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O NO WAY JOSE  
7001 N. FEDERAL HWY  
BOCA RATON FL 33487  
US**

Mailing Address  
**C/O NO WAY JOSE  
7001 N. FEDERAL HWY  
BOCA RATON FL 33487  
US**



2. Principal Place of Business

**C/O CRABBY JACKS**

3. Mailing Address

**C/O CRABBY JACKS**

Suite, Apt. #, etc.

**7001 N. Federal Hwy**

Suite, Apt. #, etc.

**7001 N. Federal Hwy**

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON FL**

Zip

Country

**33487**

**US**

Zip

Country

**33487**

**US**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0531363**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YUCAJACK INC.  
7001 N. FEDERAL HWY.  
BOCA RATON FL 33487**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **STANTON, ROBERT P MR.**  
STREET ADDRESS **1015 S. FEDERAL HWY.**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 OF ROBERT P STANTON**

**8-7-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0092063  
AV