

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90076 041 \*\*\*150.00

**DOCUMENT # P96000036071**

**1. Entity Name**  
**BRANSON COSMETICS, INC.**

**Principal Place of Business**

4297 US HWY 90 W  
 STE 2  
 LAKE CITY FL 32055  
 US

**Mailing Address**

4297 US HWY 90 W  
 STE 2  
 LAKE CITY FL 32055  
 US

**2. Principal Place of Business**

2469 W. US Hwy 90.

**3. Mailing Address**

2469 W. US Hwy 90

Suite, Apt. #, etc.

Ste. 142

Suite, Apt. #, etc.

Ste. 142

**City & State**

LAKE City, FL

**City & State**

LAKE City, FL

**Zip**

32055

**Country**

USA

**Zip**

32055

**Country**

USA

**4. FEI Number**

59-3388060

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRANSON, SHIRLEY J  
 4297 US HWY 90 W STE 2  
 GLEASON MALL  
 LAKE CITY FL 32055

**7. Name and Address of New Registered Agent**

Name  
 BRANSON Shirley J.

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

2469 W. US Hwy. 90 Ste. 142

**City**

LAKE City

**FL**

**Zip Code**

32055

**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** Shirley J. BRANSON

Signature, typed or printed name of registered agent and title if applicable.

Shirley J. Branson

(NOTE: Registered Agent signature required when reinstating)

04/18/2002

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, 2002 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**

<b>TITLE</b>	ST	<input type="checkbox"/> Delete
<b>NAME</b>	BRANSON, SHIRLEY J	
<b>STREET ADDRESS</b>	4297 US HWY 90 W STE 2	
<b>CITY-ST-ZIP</b>	LAKE CITY FL 32055	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	2469 W. US Hwy 90, Ste. 142	
<b>CITY-ST-ZIP</b>	LAKE City, FL 32055	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Shirley J. Branson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley J. BRANSON

04/18/2002

Date

(386) 752 3411

Daytime Phone #

CR2E034 (9/01)