

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90255 008 ***150.00

DOCUMENT # P97000040264

1. Entity Name

VAISON CORP.

Principal Place of Business

**4810 CAPE CORAL ST
 CAPE CORAL FL 33904
 US**

Mailing Address

**509 W RETTA ESPLANADE
 PUNTA GORDA FL 33950**

2. Principal Place of Business

**1209 CAPE CORAL PKWY
 Suite, Apt. #, etc.**

3. Mailing Address

**509 W RETTA ESPLANADE
 Suite, Apt. #, etc.**

City & State

CAPE CORAL, FLA

City & State

PUNTA GORDA, FLA

Zip

33904

Country

LEE

Zip

33950

Country

CHARLOTTE

4. FEI Number

65-0752529

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SNYDER, MARGARET
 509 W RETTA ESPLANADE
 PUNTA GORDA FL 33950**

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.

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 \$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

TITLE **D** ☐ Delete
 NAME **SNYDER, MARGARET**
 STREET ADDRESS **509 W RETTA ESPLANADE**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Margaret E. Snyder, PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 941-945-6100
 Date Daytime Phone #

CR2E034 (9/01)