

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P970000099405**

1. Entity Name
BISON TATTOO DESIGNS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16940 S DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address
28940 Maine Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

03

City & State
Miami, Florida
Zip
33157 Country
USA

City & State
Leisure City, Florida
Zip
33033 Country
USA

4. FEI Number
05-0419831

Applied For
Not Applicable

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 **Deborah Ann Benson**

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

28940 Maine Rd.

City **Leisure City** **FL** Zip Code **33033**

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.

800015328628

04/07/03--01004--006 **150.00

SIGNATURE **Deborah Ann Benson**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	Robert W Benson, president 16940 S Dixie Hwy Miami, FL. 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Deborah Ann Benson, Vice-president 28940 Maine Rd. Leisure City, FL. 33033
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Deborah Ann Benson** **DEBORAH ANN BENSON** **3-31-03 (305) 247-3617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)