

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90118 021 \*\*\*150.00

**DOCUMENT # P98000034941**

1. Entity Name

**JOEY KARSON, INC.**

Principal Place of Business

**15 PARADISE PLAZA  
217  
SARASOTA FL 34239**

Mailing Address

**15 PARADISE PLAZA  
217  
SARASOTA FL 34239**

2. Principal Place of Business

**147 GARFIELD DR.**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**SARASOTA FL**

City & State

4. FEI Number **59-3512406**

Applied For

Not Applicable

Zip

**34236**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIDSON, STUART  
246 GRANT DRIVE  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent **CHANGE ADDRESS:**

Name

**STUART DAVIDSON**

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

**15 PARADISE PL #217**

City

**SARASOTA**

**FL**

Zip Code

**34239**

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

**STUART DAVIDSON**

**1.12.01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ED DAVIDSON, STUART 246 GRANT DRIVE SARASOTA FL 34236</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT STUART DAVIDSON 15 PARADISE PL #217 SARASOTA FL 34239</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STUART DAVIDSON**

**1.12.01**

Date

**941.586.7800**

Daytime Phone #

0414627

CR2E034 (10/00)