

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

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90003 016 ***150.00

DOCUMENT # P98000098581 ✓

1. Entity Name

Besmona Architectural Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1209 W. Brandon Blvd

3. Mailing Address

P.O. Box 389

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Valrico, FL.

City & State

Brandon, FL.

City & State

33595

Zip

Country

33511

Hillsborough

Zip

Country

Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3544789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Samuel Cunningham

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

1517 Citrus Orchard Way

City

Valrico

FL

Zip Code

33594

**DO NOT WRITE
IN THIS SPACE**

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

Samuel H. Cunningham - President

2-15-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Samuel G. Cunningham
STREET ADDRESS 1517 Citrus Orchard Way
CITY-ST-ZIP Valrico, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Office Manager
NAME Zaira Esquivel
STREET ADDRESS 1517 Citrus Orchard Way
CITY-ST-ZIP Valrico, FL 33594

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel G. Cunningham

02-15-02

Date

Daytime Phone #

CR2E034B (12/01)