

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015376

1. Entity Name

FORTSON HOLDINGS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90108 024 ***150.00

Principal Place of Business

Mailing Address

4821 SHADYVIEW COURT
SARASOTA FL 34232

4821 SHADYVIEW COURT
SARASOTA FL 34232-2372

2. Principal Place of Business

3. Mailing Address

1155 N. Washington Blvd
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL.

4. FEI Number

65-0903114

Applied For

Not Applicable

Zip

Country

Zip

Country

34232

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORTSON, PAUL
4821 SHADYVIEW COURT
SARASOTA FL 34232

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

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

Tamara Jackson Secretary
(NOTE: Registered Agent signature required when reinstating)

4-10-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FORTSON, PAUL
STREET ADDRESS 4821 SHADYVIEW COURT
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE SD
NAME FORTSON, TAMARA
STREET ADDRESS 4821 SHADYVIEW COURT
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

Tamara Jackson Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00

941-952-1210

CR2E034 (9/99)