## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am Secretary of State P99000076703 DOCUMENT # 1. Entity Name 1956 CORP. 01-28-2002 90035 010 \*\*\*150.00 Principal Place of Business Mailing Address 1956 BAYSHORE BLVD 1956 BAYSHORE BLVD **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3598644 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIDSON JOHN N Street Address (P.O. Box Number is Not Acceptable) 1956 BAŸSHORE BLVD DUNEDIN FL 34698 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VP/T/D TITLE ☐ Delete ☐ Addition <del>Bavideen. John -</del> NAME NAME Davidson, John N. 1956 BAYSHORE BLVD STREET ADDRESS STREET ADDRESS 1956 Bayshore Blvd. Dunedin FL 34698 CITY-ST-ZIP CITY-ST-ZIP Dunedin, FL 34698-2503 ☐ Delete TITLE TITLE X) Change ☐ Addition P/S/D JAMISON, HARRY NAME Jamieson, Harry B. 1956 BAYSHORE BLVD STREET ADDRESS STREET ADDRESS 1956 Bayshore Blvd. DUNEDIN FL 34698 CITY-ST-ZIP.~ CITY-ST-ZIP Dunedin, FL 34698-2503 TITLE Delete TITLE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition **★**IAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP

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

, with all other like empowered.

changed, or on an attachment with an address

JRE REQUESTRESS. Jamieson, President 1/15/2002 (727) 734

FINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**FILED**