

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90031 030 ***150.00

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1. Entity Name

SAMSON REAL ESTATE & DEVELOPMENT CORP.

Principal Place of Business

5540 10TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address

5540 10TH AVENUE NORTH
ST. PETERSBURG FL 33710

00032321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3020 49th Street N

3. Mailing Address

3020 49th Street N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg, Florida

City & State

St Petersburg, Florida

Zip

33710

Country

Pinellas

Zip

33710

Country

Pinellas

4. FEI Number

59-3610670

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SAMSON, FREDERIC
5540 10TH AVENUE NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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

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: D
NAME: SAMSON, FREDERIC
STREET ADDRESS: 5540 10TH AVENUE NORTH
CITY-ST-ZIP: ST. PETERSBURG FL 33710

TITLE: DP
NAME: FREDERICK, SAMSON
STREET ADDRESS: 5540 10TH ALORUE N
CITY-ST-ZIP: SAINT PETERSBURG FL 33710

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:
NAME: Frederic
STREET ADDRESS:
CITY-ST-ZIP:

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

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

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

TITLE:
NAME:
STREET ADDRESS:
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 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

Date

Daytime Phone #

CR2E034 (10/00)