

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90236 018 \*\*\*158.75

DOCUMENT # **P99000100494**  
1. Entity Name  
**LISARION CORPORATION** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4906 REAGAN AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**4906 REAGAN AVENUE**  
Suite, Apt. #, etc. ✓

DO NOT WRITE IN THIS SPACE

City & State  
**SEFFNER, FL**

City & State  
**SEFFNER, FL**

4. FEI Number  
**593726299**

Applied For  
Not Applicable

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

Zip  
**33584**

Country  
**USA**

Zip  
**33584**

Country  
**USA**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**JO ANN BULEY**

Street Address (P.O. Box Number is Not Acceptable)  
**4906 REAGAN AVENUE**  
**TEL: 813 684 8292**

City  
**TAMPA**

FL

Zip Code  
**33584**

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) 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAIRMAN &amp; CEO</b> <b>GREGORY D. CHAPMAN</b> <b>40-A RUE BOSQUET</b> <b>BRUSSELS, BELGIUM B-1060</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25 April 2002** / **(Belgium)**  
Date Daytime Phone #

CR2E034B (12/01)

ATTACH # P99000106494 / 649933



## Florida Profit

## LISARION CORPORATION

## PRINCIPAL ADDRESS

4906 REAGAN AVENUE  
SEFFNER FL 33584

## MAILING ADDRESS

4906 REAGAN AVENUE  
SEFFNER FL 33584Document Number  
P99000106494FEI Number  
593726299Date Filed  
12/08/1999State  
FLStatus  
ACTIVEEffective Date  
NONELast Event  
NAME CHANGE  
AMENDMENTEvent Date Filed  
10/15/2001Event Effective Date  
NONE

## Registered Agent

Name & Address
BULEY, JO ANN 4906 REAGAN AVENUE SEFFNER FL 33584

## Officer/Director Detail

Name & Address	Title
CHAPMAN, GREGORY D 4906 REAGAN AVENUE SEFFNER FL 33584	PD

## Annual Reports

Report Year	Filed Date	Intangible Tax
2000	06/05/2000	
2001	06/14/2001	