

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90003 029 ***150.00

0436342 AV

DOCUMENT # V37133

1. Entity Name

SAMSON VENTURES, INC.

Principal Place of Business

**4807 WOODMERE RD
TAMPA FL 33609
US**

Mailing Address

**4807 WOODMERE RD
TAMPA FL 33609
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3203 BAYSHORE BLVD

Suite, Apt. #, etc.

Unit #602

City & State

Zip

Country

3. Mailing Address

3203 Bayshore Blvd

Suite, Apt. #, etc.

Unit #602

City & State

Zip

Country

4. FEI Number

59-3235252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAMSON, BRUCE A
4807 WOODMERE ROAD
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

Samson, Bruce A.

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

3203 Bayshore Blvd

City

Tampa

FL

Zip Code

33629

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

Bruce A. Samson

BRUCE A. SAMSON

1/9/02

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) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 | C | <input type="checkbox"/> Delete |
| NAME | SAMSON, BRUCE A | |
| STREET ADDRESS | 4807 WOODMERE ROAD | |
| CITY-ST-ZIP | TAMPA FL 33609 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SAMSON, ADAJEAN L | |
| STREET ADDRESS | 4807 WOODMERE RD | |
| CITY-ST-ZIP | TAMPA FL 33609 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMSON, BRUCE A | |
| STREET ADDRESS | 3203 BAYSHORE BLVD #602 | |
| CITY-ST-ZIP | TAMPA, FL 33629 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMSON, ADAJEAN L. | |
| STREET ADDRESS | 3203 BAYSHORE BLVD. #602 | |
| CITY-ST-ZIP | TAMPA, FL 33629 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Bruce A. Samson

BRUCE A. SAMSON

1/9/02 902-8790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)