

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90100 013 ***150.00

DOCUMENT # F26610

1. Entity Name
MEREDITH J. COHEN, P.A.

Principal Place of Business

~~631 WEST FAIRBANKS AVE~~
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 622346
OVIEDO FL 32762-2346
US

2. Principal Place of Business

418 NORWOOD COURT
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 622346
 Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

32765

Country

USA

Zip

32762

Country

USA

4. FEI Number

59-2081302

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MEREDITH J
~~631 WEST FAIRBANKS AVE~~ **418 Norwood Court**
~~WINTER PARK FL 32789~~ **OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name **COHEN, MEREDITH J.**
 Street Address (P.O. Box Number is Not Acceptable)
418 NORWOOD COURT
 City **OVIEDO** FL Zip Code **32765**

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 *Meredith J. Cohen* DATE **1/3/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MEREDITH J	NAME	COHEN, MEREDITH J.
STREET ADDRESS	631 WEST FAIRBANKS AVE	STREET ADDRESS	418 NORWOOD COURT
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Meredith J. Cohen* DATE: **1/3/00** Daytime Phone #: **407-423-8556**

CR2E034 (9/99)