2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # **G14175** 1. Entity Name COTBY, INC. 01-21-2000 90078 030 ***150.00 Principal Place of Business Mailing Address 1824 JACK POINT LN P.O. BOX 920 BOCA GRANDE FL 33921-0920 BOCA GRAND FL 33921 US A CONTROL OF THE C 2. Principal Place of Business 3. Mailing Address P.O.Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 19 ity & State City & State 4. FEI Number Applied For 59-2226456 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAGRATTEN, GREGORY Street Address (P.O. Box Number is Not Acceptable) PARK AVE BOX 926 BOCA GRANDE, FL FL 33921 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE MAGRATTEN, GREG J NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 926 CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BROOKS, MAGRATTEN NAME NAME PO BOX 926 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL** Change Addition. TITLE Delete TITLE MAGRATTEN, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS P.O. 926 CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 MACRATTENO

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information