

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90183 026 \*\*\*150.00

**DOCUMENT # P00000087479**

1. Entity Name  
**COW LICK'S, INC.**

Principal Place of Business  
**2624 S ATLANTIC AVE  
 DAYTONA BEACH FL 32118**

Mailing Address  
**3 WHIPPER-IN CIRCLE  
 ORMOND BEACH FL 32174**



2. Principal Place of Business

3. Mailing Address

*2624 S. Atlantic Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Daytona Beach, FL*

4. FEI Number **59-3670358**

Applied For  
 Not Applicable

Zip

Country

*32118*

Country

*USA*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	NATHAN, DANIEL J	PTD	Nathan, Daniel J
21 ROCKLAND TERR	21 ROCKLAND TERR	815 Phillip Dr.	815 Phillip Dr.
SUFFERN NY 10901	SUFFERN NY 10901	New Smyrna Beach, FL 32169	New Smyrna Beach, FL 32169
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	NATHAN, KAREN W	VD	Nathan, Karen W
21 ROCKLAND TERR	21 ROCKLAND TERR	815 Phillip Dr.	815 Phillip Dr.
SUFFERN NY 10901	SUFFERN NY 10901	New Smyrna Beach, FL 32169	New Smyrna Beach, FL 32169
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	NATHAN, ROBERT M		
3 WHIPPER-IN CIRCLE	3 WHIPPER-IN CIRCLE		
ORMOND BEACH FL 32174	ORMOND BEACH FL 32174		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	NATHAN, FRANCES		
3 WHIPPER-IN CIRCLE	3 WHIPPER-IN CIRCLE		
ORMOND BEACH FL 32174	ORMOND BEACH FL 32174		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]* DATE: *4/25/02* DAYTIME PHONE #: *386-761-1316*

CR2E034 (9/01)