

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073631

1. Entity Name

COTTON & QUAIL ENTERPRISES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90119 002 ***150.00

Principal Place of Business 205 EAST WASHINGTON STREET MONTICELLO FL 32344	Mailing Address 150 W. BRAMBLETON AVE NORFOLK VA 23510-2018 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3240110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SPEARS, RICHARD F. STREET ADDRESS 150 W. BRAMBLETON AVE CITY-ST-ZIP NORFOLK VA 23510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MCKENZIE, PRESTON STREET ADDRESS 150 W. BRAMBLETON AVE CITY-ST-ZIP NORFOLK VA 23510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME RYAN, LOUIS F. STREET ADDRESS 150 W. BRAMBLETON AVE CITY-ST-ZIP NORFOLK VA 23510	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AS NAME SMITH, SUSAN D. STREET ADDRESS 150 W. BRAMBLETON AVE CITY-ST-ZIP NORFOLK VA 23510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WYNNE, JOHN O. STREET ADDRESS 150 W. BRAMBLETON AVE CITY-ST-ZIP NORFOLK VA 23510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BARRY, RICHARD F. I STREET ADDRESS 150 W. BRAMBLETON AVE CITY-ST-ZIP NORFOLK VA 23510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Susan D. Smith Susan D. Smith 1/12/00 757/446-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)