

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90653 001 *****8.75
 04-12-2001 90653 002 ***150.00

DOCUMENT # P96000101793

1. Entity Name
COTTON PROFESSIONAL SERVICES COMPANY, INC.

Principal Place of Business 125 NW 23RD AVE STE 15 GAINESVILLE FL 32609 US	Mailing Address 125 NW 23RD AVE STE 15 GAINESVILLE FL 32609 US
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2. Principal Place of Business 125 NW 23rd Ave Suite, Apt. #, etc. Suite 15 City & State Gainesville FL Zip 32609 Country USA	3. Mailing Address 125 NW 23rd Avenue Suite, Apt. #, etc. Suite 15 City & State Gainesville FL Zip 32609 Country USA
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HANKIN, SAMUEL
 305 NE 1ST ST.
 GAINESVILLE FL 32601**

4. FEI Number **59-3424422** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **Betty Cotton McMurtry**
 Street Address (P.O. Box Number is Not Acceptable) **8620-105 NW 13th St.**
 City **Gainesville** **FL** Zip Code **32653**

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 **Betty Cotton McMurtry** **Betty Cotton McMurtry 04/10/01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D MCMURTRY, BETTY C 8620-105 NW 13TH ST. GAINESVILLE FL 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURTRY, THOMAS F 2201 NE 7TH ST. GAINESVILLE FL 32609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINKLER, MARY MCMURTRY 1528 FERDALE DR AUBURN AL 36830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: **Betty Cotton McMurtry Pres** **04/10/01** **Betty Cotton McMurtry**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)