

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 91131 001 *****8.75
02-24-2003 91131 002 ***150.00

DOCUMENT # P96000101793

1. Entity Name
COTTON PROFESSIONAL SERVICES COMPANY, INC.



Principal Place of Business
**8620-105 NW 13TH STREET
GAINESVILLE FL 32653
US**

Mailing Address
**8620-105 NW 13TH STREET
GAINESVILLE FL 32653
US**

2. Principal Place of Business
8620-105 NW 13th St
Suite, Apt. #, etc.

3. Mailing Address
8620-105 NW 13th St
Suite, Apt. #, etc.

City & State
Gainesville FL

City & State
Gainesville FL

Zip
32653-7919 Country
USA

Zip
32653-7919 Country
USA



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent
**MCMURTRY, BETTY C
8620-105 NW 13TH STREET
GAINESVILLE FL 32653**

7. Name and Address of New Registered Agent

Name
N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Betty Cotton Mc Murtry DATE 2/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MCMURTRY, THOMAS F	LIBERTY OAK STREET	SAN ANTONIO TX	<input type="checkbox"/>
VP	WINKLER, MARY MCMURTRY	1528 FERDALE DR	AUBURN AL 36830	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER BROWN DATE 2/21/03 352372 0976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)