

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # P99000027004

1. Entity Name
COTTONWOOD PARK GROUP, INC.

00 MAY -1 PM 3: 17

Principal Place of Business
2112 NORTH 15TH STREET, SUITE 201
TAMPA FL 33605

Mailing Address
2112 NORTH 15TH STREET, SUITE 201
TAMPA FL 33605-3648

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2109 E. Palm Avenue

3. Mailing Address
2109 E. Palm Avenue

Suite, Apt. #, etc.
Suite 206

Suite, Apt. #, etc.
Suite 206

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number

Applied For
 Not Applicable

Zip
33605

Country
U.S.A.

Zip
33605

Country
U.S.A.

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

MCMULLEN, THOMAS J JR.
2112 NORTH 15TH STREET, SUITE 201
TAMPA FL 33605

Name
McMullen, Thomas J Jr.
Street Address (P.O. Box Number is Not Acceptable)
2109 E. Palm Avenue, Suite 206
City
Tampa FL Zip Code
33605

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 *Thomas J. McMullen Jr.* *Thomas J. McMullen Jr.* *4-28-00*
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, 2000 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	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P.D.S.T.	McMullen, Thomas J. Jr.	2109 E. Palm Avenue, Suite 206		
			Tampa, FL 33605		

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: *Thomas J. McMullen Jr.* *Thomas J. McMullen Jr. President* *4-28-00* *813-249-2828*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0402964

CR2E034 (9/99)