

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 179892****1. Entity Name**  
**COWART INVESTMENT COMPANY****Principal Place of Business**  
**3851 ORTEGA BLVD.**  
**JACKSONVILLE FL 32210****Mailing Address**  
**3851 ORTEGA BLVD.**  
**JACKSONVILLE FL 32210****FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90249 027 \*\*\*150.00

**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

Post Office Box 130

Middleburg, Florida

32050-0130

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-0720486

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****MIDDLETON, GAIL C**  
**3851 ORTEGA BLVD**  
**JACKSONVILLE FL 32210****7. Name and Address of New Registered Agent**

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

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, 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	MIDDLETON, GAIL C	3851 ORTEGA BLVD. JACKSONVILLE FL	<input type="checkbox"/>
	STV	COWART, E. C	3851 ORTEGA BLVD. JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. 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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)