2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90435 005 ***150.00

DOCUMENT # 179892

1. Entity Name
COWART INVESTMENT COMPANY

Principal Place of Business	Mailing Address
3851 ORTEGA BLVD.	P.O BOX 130
JACKSONVILLE FL 32210	MIDDLEBURG FL 32050-0130

2. Principal Place of Business	3. Mailing Address
2747 Blanding Blvd	
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.
City & State: Middleburg, FL	City & State
Zip: 32068 Country: USA	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
MIDDLETON, GAIL C	Name: Address Correction
3851 ORTEGA BLVD	Street Address (P.O. Box Number is Not Acceptable): 3205 St. Johns Ave
JACKSONVILLE FL 32210	City: Jacksonville FL Zip Code: 32205

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 [signature] 3/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIDDLETON, GAIL C 3851 ORTEGA BLVD. JACKSONVILLE FL	☐ Delete	Address Correction 3205 St. Johns Ave Jacksonville, FL 32205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STV COWART, E. C 3851 ORTEGA BLVD. JACKSONVILLE FL	☐ Delete	 3205 St. Johns Ave Jacksonville, FL 32205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 3/24/03 904-389-8267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #