

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 325225

1. Entity Name

COWGER'S TOY AND HOBBY SHOP, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90244 021 \*\*\*150.00

Principal Place of Business 2721 S. US #1 STE #21-21A FORT PIERCE FL 34982 US	Mailing Address 2721 S US. #1 STE #21-21A FORT PIERCE FLA 34982 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COWGER, LEO M., JR 2721 S. US #1 SUITE 21-21A FT PIERCE FL 34982
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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	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	COWGER JR., LEO M	NAME	
STREET ADDRESS	8633 LONESOME PINE TRL.	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	COWGER, NORMA L	NAME	
STREET ADDRESS	8633 LONESOME PINE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34945	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Leo M Cowger Jr</i>	4-12-00	561-4614620
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