

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 410348

1. Entity Name

COWHERD REALTY & DEVELOPMENT, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90054 022 ***150.00

Principal Place of Business

638 LK DOT CR S-1
ORLANDO FL 32801
US

Mailing Address

638 LK DOT CR
SUITE #1
ORLANDO FL 32801
US

2. Principal Place of Business

536 N. WESTMORELAND DR.

3. Mailing Address

536 N. WESTMORELAND DR.

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32805

Country

USA

Zip

32805

Country

USA

4. FEI Number

59-1426709

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

COWHERD, PHILIP T
1640 S. PENNSYLVANIA AVE
WINTER PARK FL 32789

Philip T. Cowherd, President

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)

1/19/01

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, 2001 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
PD
COWHERD, PHILIP T
1640 S. PENNSYLVANIA AVE
WINTER PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

Philip T. Cowherd,
President

Date

1/19/01

Daytime Phone #

(407)835-9858

CR2E034 (10/00)