

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 444586

1. Entity Name
COCOA BAY CORP.

Principal Place of Business: **800 SWITCHGRASS ISLAND ROAD COCOA FL 32926**

Mailing Address: **800 SWITCHGRASS ISLAND ROAD COCOA FL 32926-2324**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90261 006 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1511335** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PLIS, EDWARD 3750 OAKHILL DRIVE TITUSVILLE FL 32781		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: PD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RICE, PHYLLIS CLIFTON		NAME: _____	
STREET ADDRESS: 800 SWITCHGRASS ISL RD		STREET ADDRESS: _____	
CITY-ST-ZIP: COCOA FL		CITY-ST-ZIP: _____	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PLIS, EDWARD		NAME: _____	
STREET ADDRESS: 3750 OAKHILL DRIVE		STREET ADDRESS: _____	
CITY-ST-ZIP: TITUSVILLE FL		CITY-ST-ZIP: _____	
TITLE: VD	<input type="checkbox"/> Delete	TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CLIFTON, ROBERT B		NAME: _____	
STREET ADDRESS: 2845 KING STREET #307		STREET ADDRESS: 102 Riverside Drive, #706	
CITY-ST-ZIP: COCOA FL		CITY-ST-ZIP: Cocoa, FL 32922	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Phyllis Clifton Rice, Pres.* 4-20-00 407-632-5016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)