

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 482363

1. Entity Name

COOCEN & SON CO., INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90261 006 ***150.00

Principal Place of Business

Mailing Address

501 N. HUDSON ST.
ORLANDO FL 32835-1162

501 N. HUDSON ST.
ORLANDO FL 32804-4206

2. Principal Place of Business

2400 Dinneen Ave.

3. Mailing Address

2400 Dinneen Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number 59-1619291

Applied For

Not Applicable

Zip
32804

Country
Orange

Zip
32804

Country
Orange

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

6. Name and Address of Current Registered Agent

WILLIAM, HERRMAN
7523 ALOMA AVENUE
GOLDENROD FL

7. Name and Address of New Registered Agent

Name

Chad Walters, Esq.

Street Address (P.O. Box Number is Not Acceptable)

174 W. Comstock Ave. Suite 207

City

Winter Park

FL

Zip Code
32789

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, 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

TITLE PV
NAME COOCEN, MARYANN
STREET ADDRESS 10554 DOWN LAKEVIEW CR
CITY-ST-ZIP WINDERMERE FL ☐ Delete

TITLE T
NAME ROUSSEAU, SHARON C.
STREET ADDRESS 6244 MEREDITH ERIN LANE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE S
NAME TUDOR, DEBBIE
STREET ADDRESS 821 EAST HARBOUR CT.
CITY-ST-ZIP OCOEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 14013 Fairway Willow Lane
CITY-ST-ZIP Winter Garden, FL 34787 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 825- Chicago Ave.
CITY-ST-ZIP Ocoee, FL 34761 ☒ Change ☐ Addition

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

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

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

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: *Debbie Tudor* Debbie Tudor, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 (407) 298-6940

Date

Daytime Phone #

CR2E034 (9/99)