

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90162 002 ***150.00

DOCUMENT # 603682

1. Entity Name

RONALD B. COSBY P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

25400 US HWY 19 N. 299
 SUITE 299
 CLEARWATER FL 34623

25400 US HWY 19 N. 299
 SUITE 299
 CLEARWATER FL 33763-2191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1417951

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COLEMAN, STEVE
331 PARK PLACE BLVD.
SUITE 240
CLEARWATER FL 34619

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)

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~~
~~Checks 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PST COSBY, R B	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 25400 US HWY 19, N., 299		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
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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: *Ronald B. Cosby*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000
 Date

727-796-3218
 Daytime Phone #

CR2E034 (9/99)