

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90132 008 ***150.00

DOCUMENT # 839256

1. Entity Name
COSCO INDUSTRIES, INC.



Principal Place of Business
**80 RED SCHOOLHOUSE ROAD SUITE 105
CHESTNUT RIDGE NY 10977-7052**

Mailing Address
**80 RED SCHOOLHOUSE ROAD SUITE 105
CHESTNUT RIDGE NY 10977-7052**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2908456**

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	SAPERSTEIN, ROBERT	215 KEARSING PARKWAY	MONSEY NY 10952	<input type="checkbox"/>
CEO	SCHMIDT, ROBERT F.	7220 W. WILSON AVENUE	HARWOOD HEIGHTS IL	<input type="checkbox"/>
VPD	SCHMIDT, GEORGE D	1625 COUNTRY CLUB ROAD	NORWAY ME 04268	<input type="checkbox"/>
PD	TITTLE, DAVID E.	30 IVY HILL RD.	CHAPPAQUA NY	<input type="checkbox"/>
STV	BECKER, PAUL L.	6 LARKSPUR COURT	NEW CITY NY	<input type="checkbox"/>
ATD	SCHMIDT, ALICE D.	100 HIGHWAY AVENUE	NANUET NY 10954	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 and a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **DAVID E. TITTLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

**(845)
356-6000**
Daytime Phone #

CR2E034 (10/02)