

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90057 029 \*\*\*158.75

**DOCUMENT # 840891**  
 1. Entity Name  
**COX BUILDING CORPORATION**

Principal Place of Business <b>1024 COX GRADE ROAD          P.O. BOX 9088          PANAMA CITY FL 32417</b>	Mailing Address <b>1024 COX GRADE ROAD          P.O. BOX 9088          PANAMA CITY FL 32417</b>
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DO NOT WRITE IN THIS SPACE

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 <b>63-0574071</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**HARE, DIANE C C.P.A.**  
**3003 SOUTH HIGHWAY 77**  
**SUITE A**  
**LYNN HAVEN FL 32444**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ 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, 2002 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>COX, RICHARD L., JR.</b>	
STREET ADDRESS <b>196 MARLIN CR. BAY POINT</b>	
CITY-ST-ZIP <b>PANAMA CITY BCH. FL</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>COX, RICHARD L</b>	
STREET ADDRESS <b>470 BAY POINT</b>	
CITY-ST-ZIP <b>PANAMA CITY, FL 00000</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>FLEMING, DARRELL</b>	
STREET ADDRESS <b>104 GILFORD</b>	
CITY-ST-ZIP <b>DOTHAN AL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Cox, Richard L., Jr</b>	
STREET ADDRESS <b>1024 Cox Grade Rd</b>	
CITY-ST-ZIP <b>Panama City Beach, Fl</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Fleming, Darrell</b>	
STREET ADDRESS <b>124 Rusty Gains Dr.</b>	
CITY-ST-ZIP <b>Panama City Beach, Fl 32408</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** \_\_\_\_\_ **2/13/02**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)