

2002 UNIFORM BUSINESS REPORT (UBR)

0006121 AT

DOCUMENT # **A99000001594**

1. Entity Name

ADAMS & COCHRAN PROPERTIES, LTD.

FILED
02 APR 30 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NON



Principal Place of Business

**6818 NORTH MAIN STREET
JACKSONVILLE FL 32218**

Mailing Address

**6818 NORTH MAIN STREET
JACKSONVILLE FL 32218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **59-3603801**

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

**ADAMS, WAYNE
6818 NORTH MAIN STREET
JACKSONVILLE FL 32208**

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.

DATE

9. Capital Contributions as Shown on record.

\$58,800.00

10. Amount of Capital Contributions in FLORIDA to date. *Previous Contribution -0- in BIK to Loan Repaid*

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **337125**
NAME **FLORIDA MAINTENANCE COMPANY**
STREET ADDRESS **6818 NORTH MAIN STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 220, Florida Statutes

SIGNATURE: *James E. Cochran* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-18-02 904-765-4233

Date

Daytime Phone #

CR2E003 (9/01)