

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F26610

1. Entity Name

MEREDITH J. COHEN, P.A.

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

02-29-2000 90100 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~631 WEST FAIRBANKS AVE~~  
~~WINTER PARK FL 32789~~  
~~US~~

P.O. BOX 622346  
OVIEDO FL 32762-2346  
US

2. Principal Place of Business

3. Mailing Address

418 NORWOOD COURT  
Suite, Apt. #, etc.

P.O. Box 622346  
State, Apt. #, etc.

City & State

City & State

OVIEDO, FL

OVIEDO, FL

Zip  
32765

Country  
USA

Zip  
32762

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2081302

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

COHEN, MEREDITH J

~~631 WEST FAIRBANKS AVE~~  
~~WINTER PARK FL 32789~~

418 Norwood Court  
OVIEDO, FL 32765

Name  
COHEN, MEREDITH J.

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

418 NORWOOD COURT

City

OVIEDO

FL

Zip Code

32765

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

*Meredith J. Cohen*

(NOTE: Registered Agent signature required when reinstating)

1/3/00 1/3/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COHEN, MEREDITH J	
STREET ADDRESS	<del>631 WEST FAIRBANKS AVE</del>	
CITY-ST-ZIP	<del>WINTER PARK FL 32789</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MEREDITH J.	
STREET ADDRESS	418 NORWOOD COURT	
CITY-ST-ZIP	OVIEDO, FL 32765	
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		
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CITY-ST-ZIP		
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:

*Meredith J. Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00 407-423-8556  
Date Daytime Phone #

CR2E034 (9/99)