2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F44905

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90132 041 ***150.00

1. Entity Name
COCHRAN BUILDING SUPPLY, INC

Principal Place of Business	Mailing Address
14955 GULF BLVD SUITE 12 MADEIRA BEACH, FL 33708	P.O. BOX 8855 MADEIRA BEACH, FL 33738

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14955 GULF BLVD	BOX 8855
Suite, Apt. #, etc. 12	Suite, Apt. #, etc.
City & State MADEIRA BEACH, FL	City & State MADEIRA Beach FL
Zip 33708 / Country USA	Zip 33738 / Country USA

4. FEI Number 59-2149075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, William E. JR
14955 GULF BLVD SUITE 12
MADEIRA BEACH, FL
33708

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 William E Owens, Jr — Apr 10, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
WILLIAM E OWENS JR PRESIDENT

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT & SECRETARY / WILLIAM E OWENS, JR / 14955 GULF BLVD Suite 12 / MADEIRA BEACH, FL 33708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER / WILLIAM E OWENS / 117 TANGLEWOOD DR / ANDERSON, SC 29621 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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: William E Owens Jr. — Apr 20, 2000 — 727-319-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM E OWENS, JR PRESIDENT