

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90039 020 ***150.00

L-201, 3493 A1

DOCUMENT # F44905

1. Entity Name
COCHRAN BUILDING SUPPLY, INC.

Principal Place of Business
14955 GULF BLVD., SUITE 12
MADEIRA BEACH FL 33708
US

Mailing Address
P.O. BOX 8855
MADIERA BEACH FL 33738
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2149075

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

7. Name and Address of New Registered Agent

OWENS, WILLIAM E., JR.
14955 GULF BLVD., SUITE 12
MADIERA BEACH FL 33708

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.

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
 NAME **OWENS, WILLIAM E JR**
 STREET ADDRESS **14955 GULF BLVD., SUITE 12**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
 NAME **OWENS, WILLIAM E SR**
 STREET ADDRESS **117 TANGLEWOOD DRIVE**
 CITY-ST-ZIP **ANDERSON SC 29621**

TITLE ☒ Change ☐ Addition
 NAME **OWENS, WILLIAM E SR**
 STREET ADDRESS **311 SIMPSON RD E-5**
 CITY-ST-ZIP **ANDERSON, S.C. 29621**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

William E. Owens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 12, 2002
 Date

727-319-3655
 Daytime Phone #

CR2E034 (9/01)