2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18360

1. Entity Name

RICHARD G. COKER, JR., P.A.

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90041 011 ***150.00

Principal Place of Business	Mailing Address
1318 S.E. 2ND AVE. FT. LAUDERDALE FL 33316	1318 S.E. 2ND AVE. FT. LAUDERDALE FL 33304-2728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
501 NE 8th Street	501 NE 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, Fla	City & State: Fort Lauderdale, Fla
Zip 33304 / Country USA	Zip 33304 / Country USA

4. FEI Number 59-2254662 ☐ 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
COKER, RICHARD G JR ESQ 1318 S.E. 2ND AVENUE FT LAUD FL 33316	Name: Richard G. Coker, Jr. P.A. Street Address (P.O. Box Number is Not Acceptable): 501 N.E. 8th Street City: Fort Lauderdale FL Zip Code: 33304

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] 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, 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	DPT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COKER, RICHARD G JR	NAME	
STREET ADDRESS	1318 S.E. 2ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COKER, RICHARD G JR	NAME	
STREET ADDRESS	1318 S.E. 2ND AVE.	STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIGNATURE REQUIRED [signature] 1/18/00 (954) 761-1404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #