

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **G32673**

1. Entity Name

C. B. DEVELOPERS OF COCOA, INC.**FILED**
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90062 004 ***150.00

Principal Place of Business

~~914 DIXON BLVD.~~
COCOA FL 32922
US

Mailing Address

P. O. BOX 3767
COCOA FL 32924-3767
US

2

516 Delannoy Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2284949**

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

KIRSCHENBAUM, MALCOLM R~~914 DIXON BLVD.~~
COCOA FL 32922

Name

Street 516 Delannoy Ave (ceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office

of Florida.

Malcolm R Kirschenbaum
321-632-4936

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent sign

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	PLIS, EDWARD J						
	PO BOX 2971						
	TITUSVILLE FL 32781						
	D	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
	OSTOSKY, GARY						
	1802 GARDEN ST						
	TITUSVILLE FL 32780						
	D	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	SWANN, JAMES						
	516 DELANNOY AVE						
	COCOA FL 32922						
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jim Swann
321-631-2022

3/31/01

CR2E034 (10/00)

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