


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G44456	
1. Entity Name BILLCO, INC.	

FILED

04 FEB 12 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17049 Falkirk Ave.		3. Mailing Address 17049 Falkirk Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Charlotte, FL	City & State Port Charlotte, FL	4. FEI Number 59-2373305	Applied For <input type="checkbox"/> Not Applicable
Zip 33954	Country Charlotte	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William P. Cowell
Street Address (P.O. Box Number is Not Acceptable) 17049 Falkirk Ave.
City Port Charlotte
State FL
Zip Code 33954

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W.P. Cowell* *W.P. Cowell* 10-6-03
Signature, typed or printed name of registered agent and date of registration. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP PDT William P. Cowell 17049 Falkirk Ave. Port Charlotte, FL 33954	TITLE NAME STREET ADDRESS CITY - ST - ZIP 800023674178 10/09/03--01074--015 **550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP 800023674178 10/27/03--01080--012 **200.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP 800023674178 01/16/04--01065--016 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	02/13/04--01005--015 **185.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. Lewis H. 2/04

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *W.P. Cowell* 10-6-03 941-627-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #