

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11397

1. Entity Name

COTILLA MILLWORKS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90140 030 ***150.00

Principal Place of Business

Mailing Address

200 SALEM RD.
HAVANA FL 32333

200 SALEM RD.
HAVANA FL 32333

2. Principal Place of Business

3. Mailing Address

176 SALEM RD.

176 SALEM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAVANA, FL.

City & State

HAVANA, FL.

4. FEI Number

59-2874444

Applied For

Not Applicable

Zip

32333

Country

GADSDEN

Zip

32333

Country

GADSDEN

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

STINSON, DONNA H.
118 N. GADSDEN ST.
S-100
TALLAHASSEE FL 32301

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, 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 PD ☐ Delete
NAME COTILLA, EVARISTO F.
STREET ADDRESS ROUTE 3, BOX 4066
CITY-ST-ZIP HAVANA FL

TITLE PD ☒ Change ☐ Addition
NAME COTILLA, EVARISTO F.
STREET ADDRESS 988 TIMBER RUN RD.
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.F. COTILLA

Date

4-20-00

Daytime Phone #

324-9848

CR2E034 (9/99)