

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90070 024 ***150.00

DOCUMENT # J48409

1. Entity Name

DEBORAH FRANZA COWART, P.A.

Principal Place of Business

3750 N. 32ND TERRACE
 HOLLYWOOD FL 33021

Mailing Address

3750 N. 32ND TERRACE
 HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3595 SHERIDAN ST

3. Mailing Address

3389 SHERIDAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

407

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

Country

33021

BROWARD

Zip

Country

33021

BROWARD

4. FEI Number

65-0000478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRANZA-COWART, DEBORAH
 3750 N. 32ND TERRACE
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

DEBORAH FRANZA COWART

Street Address (P.O. Box Number is Not Acceptable)

3595 SHERIDAN ST. # 105

City

HOLLYWOOD

FL

Zip Code

33021

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

DEBORAH FRANZA COWART

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FRANZA-COWART, DEBORAH	
STREET ADDRESS	3750 N. 32ND TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3389 SHERIDAN ST #407
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DEBORAH FRANZA COWART
 7/23/02

954-961-8933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)