2001 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

SIGNATURE: _

May 16, 2001 8:00 am Secretary of State DOCUMENT # **J80836** 05-16-2001 90008 040 ***150.00 ANDREW J. COCH. P.A. Principal Place of Business Mailing Address 1958 MASSACHUSETTS AVE NE 1958 MASSACHUSETTS AVE NE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 549561 2. Principal Place of Business 3546 37 14 57 3. Mailing Address 3546 37 TH ST N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2818626 PETERSBURG, FL ST. PETERSBURG, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33713 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COCH, ANDREW J. Street Address (P.O. Box Number is Not Acceptable) 1958 MASSACHUSETTS AVE NE ST. PETERSBURG FL 33703 City ST. PETERSBURG 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DPS TITLE Delete TITLE COCH, ANDREW J. NAME NAME 3546 37 TH SF N STREET ADDRESS 1958 MASSACHUSETTS AVE N STREET ADDRESS ST. PETERSBURG, FL 33713 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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