2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

J87631 **DOCUMENT #**

1. Entity Name

Principal Place of Business 10400 NW 2 ST

COBB DEVELOPMENT CORPORATION



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90259 014 ***150.00

Solite, Apt. 4, etc. City & State City & State Country Zip Country Zip Country Zip Country Signal Addition Signal Country Signal C	CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071			.					
City & State Country City & State Country	2. Principal Place of Business		3. Mailing Address				I HORNIN DION PONNI NONO BRIDA PILO.	!	ii bib ii bibii	Dibil Cidil (Db	
Zp Country Zp Country Zp Country 65-0038747	Suite, Apt. #, etc.		Suite, Apt.,#, etc.				☐ CHECK HERE IF MAKING CHANGES				
Experimental process of the process	City & Sta	ate	City & State			4.	007/1/30/4/				
COBB, CHARLES W. 10400 NW 2 ST CORAL SPRINGS FL 33071 City FL Zip Code 6. The above namod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm list with, and accept the monitoring of registered agent. SIGNATURE Signature, however in your or office many or in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm list with, and accept the monitoring of registered agent. SIGNATURE Signature, however in your or office many or in the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the property of the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the property of the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of change in farm list with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the purpose of change proposed agent, or both, in the State of Florida. I am farm list with, and accept the purposed agent, or both, in the Stat	Zip . Country Zip		Zip	Country		5. (\$8.75 A	dditional	
COBB, CHARLES W. 19400 NW 2 ST CORAL SPRINGS FL 33071 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Pospible to Florida Department of State 10.	6. Name and Address of Current Registered Agent				1'						
Side Address (P.O. Box Number is Not Acceptable) City FL Zip Code					Name	The state of the s					
CRAL SPRINGS FL 33071 City FL Zip Code 1. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE STREET ADDRESS CITY-S1-2P TITLE MAKE						(D.O. D.					
E. 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, hypotic or printed agent and too if applicable. PACTE: Registered Agent deproduce reacted when versitating)			•	. Street Address			s (F.U. Box Number is Not Acceptable)				
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 Signature, hyerid or printed name of agentiand agent and tool it applicable. ONOTE: Registered Agent deprinter required when revolation ONOTE: Registered Agent agentiand agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, and a part of Florida agent, or	CORAL SI	PRINGS FL 33071				***		· · · · · · · · · · · · · · · · · · ·			
SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check- Payable to Floridab Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 10400 NW 2 ST CORAL SPRINGS FL 33071 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P					,			FL			
SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check- Payable to Floridab Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 10400 NW 2 ST CORAL SPRINGS FL 33071 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P	*8. The above the obligat	 named entity submits this statement for tions of registered agent 	r the purpose of changing its	registere	ed office or reg	gistered age	ent, or both, in the State of Flori	da. I am fa	ımiliar with	, and accept	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME SITERET ADDRESS CITY-ST-2P TITLE NOME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRES	410 00.150	tions of registered agent.									
FILE NOW!!! FEE IS \$150.00 Alter May 1, 2003 Fee will be \$550.00 Alter May 1, 2003 Fee will be \$550.00 Alter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	Cianton and a state of the stat				<u> </u>					
After May 1, 2003 Fee will be \$550.00 May Be Added to Feese Make Check Payable to Florida Department of State 10.			ind title if applicable. (NOTE	E: Registered	Agent signature re	quired when rei	instating)	DATE			
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TI											
TULE NAME COBB, CHARLES W. 10400 NW 2 ST COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	After Charles	After May 1, 2003 Fee will be \$550.00				ļ					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S			,				must rund continuution.		Adde	d to Fees	
NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE NAME STREET ADDRESS CITY-ST-ZIP			 	11.	·—·	ADI	DITIONS/CHANGES TO OFFIC	ERS AND [DIRECTOR	IS IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.	☐ Delete		1			— <u>—</u>	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST							•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE										
STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP			LJ Delete					[☐ Change	☐ Addition	
CITY-ST-ZIP	STREET ADDRESS	I			F ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE -	The same of the sa						I			
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME		□ Delete		-				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE					T Change	Addition	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	NAME							L	_1 Change	□] Αυσιποπ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Change Addition Change Addition Change Addition Change Addition CHANGE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREET	ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-S	T-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	`				☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP	NAME			NAME				_	_ Unlange	L_J Muditron	
TITLE VAME VAME STREET ADDRESS CITY-ST-ZIP CH-ST-ZIP CH-ST-ZIP CH-ST-ZIP CH-ST-ZIP CH-ST-ZIP CH-ST-ZIP CH-ST-ZIP CH-ST-ZIP					l l						
NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition Change Addition				CITY-ST	T-ZIP					J	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			☐ Delete	TITLE			<u> </u>		7 Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	1			NAME				_	.		
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						·					

12 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 Block 11 if the provided in the corporation 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 Block 11 if

SIGNATURE:

BOCHACLES W. COBB