

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03041

1. Entity Name

COHEN CONSTRUCTION, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90020 035 \*\*\*150.00

Principal Place of Business

Mailing Address

317 S 23RD AVENUE  
JACKSONVILLE BCH FL 32250  
US

317 S 23RD AVENUE  
JACKSONVILLE BCH FL 32250-4026  
US

2. Principal Place of Business

1074 10th Ave. South

Suite, Apt. #, etc.

3. Mailing Address

1074 10th Ave. South

Suite, Apt. #, etc.

City & State

JACKSONVILLE BCH, FL

Zip

32250

Country

US

City & State

JACKSONVILLE BCH, FL

Zip

32250-3306

Country

US

4. FEI Number

59-3054425

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, DANIEL N.  
11 WILDERNESS TR. S.  
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

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

TITLE	PVPD	<input type="checkbox"/> Delete
NAME	COHEN, DANIEL N.	
STREET ADDRESS	11 WILDERNESS TR. S.	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COHEN, MARCIA S.	
STREET ADDRESS	11 WILDERNESS TR. S.	
CITY-ST-ZIP	PONTE VEDRA FL	
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 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	
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.

**DANIEL N. COHEN, PRESIDENT**  
**SIGNATURE: SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/2000

Date

(904) 241-3800  
Daytime Phone #