

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K38220

1. Entity Name

J. CLIFTON COX, P.A.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90418 049 \*\*\*150.00

Principal Place of Business

Glin

Mailing Address

Glin

3722 GLEN CIRCLE  
TALLAHASSEE FL 32308

3722 GLEN CIRCLE  
TALLAHASSEE FL 32308-3317

2. Principal Place of Business

3722 Glin Circle

3. Mailing Address

3722 Glin Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

65-0083951

Applied For

Not Applicable

Zip

32308

Country

US

Zip

32308

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, J. CLIFTON  
4875 N. FEDERAL HWY., 10 FLOOR  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Cox, J. Clifton

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

3722 Glin Circle

City Tallahassee,

FL

Zip Code

32308

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

J. Clifton Cox, Pres. (J. Clifton Cox, President)

4/15/2000

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 PTD ☐ Delete  
NAME COX, J. CLIFTON  
STREET ADDRESS 5201 NE 17 TERR  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, T, D ☒ Change ☐ Addition  
NAME Cox, J. Clifton  
STREET ADDRESS 3722 Glin Circle  
CITY-ST-ZIP Tallahassee, FL 32308

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

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

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

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

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:

J. Clifton Cox, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000  
Date

(850) 425-3813  
Daytime Phone #

CR2E034 (9/99)