

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90014 008 ***150.00

DOCUMENT # K42755

1. Entity Name

THOMAS F. COX, ESQ., P.A.

Principal Place of Business

Mailing Address

**248 FIRST AVE N
 ST. PETERSBURG FL 33701
 US**

**248 FIRST AVE N
 ST. PETERSBURG FL 33743-0008
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 40008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

Country

33743

Country

USA

4. FEI Number

59-2667090

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX, PAUL R.
 248 1ST AVENUE NORTH
 ST. PETERSBURG FL 33701**

Name
PAUL R. COX

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

1611 Country Club Rd N.

City
ST. PETERSBURG

FL

Zip Code
33710

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

Paul R. Cox 1-6-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	COX, THOMAS F.	248 FIRST AVE N	ST. PETERSBURG FL	<input type="checkbox"/>
T	COX, THOMAS F.	248 FIRST AVE N	ST. PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Thomas F. Cox
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(727) 896-2691

Daytime Phone #