

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90126 009 \*\*\*550.00

**DOCUMENT # K44041**

1. Entity Name  
**COX REALTY GROUP, INC.**

Principal Place of Business

**240 W NORTH PARK ST**  
**203**  
**OKEECHOBEE FL 34972**  
**US**

Mailing Address

**PO BOX 2030**  
**OKEECHOBEE FL 34973**  
**US**

2. Principal Place of Business

**2046 SW 21<sup>ST</sup> STREET**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**OKEECHOBEE, FL**

City & State

**OKEECHOBEE, FL**

4. FEI Number **59-2923220**

Applied For

Not Applicable

Zip **34974**

Country **OKEECHOBEE**

Zip

**34974**

Country

**OKEECHOBEE**

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, LOUIS T JR**  
**210 W N PARK ST**  
**203**  
**OKEECHOBEE FL 34972**

Name

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

**2046 SW 21<sup>ST</sup> STREET**

City

**OKEECHOBEE**

FL

Zip Code

**34974**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **COX, LOUIS T. JR.**  
STREET ADDRESS **210 W N PARK ST, SUITE 203**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☒ Change ☐ Addition  
NAME **2046 SW 21<sup>ST</sup> STREET**  
STREET ADDRESS **OKEECHOBEE, FL 34974**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COX, ANGELA P.**  
STREET ADDRESS **210 W N PARK ST, SUITE 203**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☒ Change ☐ Addition  
NAME **2046 SW 21<sup>ST</sup> STREET**  
STREET ADDRESS **OKEECHOBEE, FL 34974**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-2-02 863-763-0996**

Date

Daytime Phone #

CR2E034 (4/02)