## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## K50180 **DOCUMENT #**

1. Entity Name

TIM COWART & ASSOCIATES, INC.



**FILED** Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90111 023 \*\*\*150.00

Ĺ	O WE

Principal Pl	ace of Busines	s	Mail	ing Address	·		$\overline{}$					
% THOMA	S M. COWART			THOMAS M. COWA	ART		1					
4475 US #1 SO STE 104				5 US #1 SO STE								
ST. AUGUS	TINE FL 32086			AUGUSTINE FL 320			Ì	1 (0)(0)(0)	1 8618) (1884-181	() <b>68</b> () <b>6</b> (#)(	B(8): 2(8)) 6::	
2 Principal	Place of Busin		<del></del>									
Z. Fillicipal	riace of Busin	ess	3. M	ailing Address				I TREATMIN BRU BIN		fi dari dini	BIBLI CIBIL DI	IN BARN DIDNI NEDI
Suite, Ap	ot. #, etc.		Su	ite, Apt. #, etc.								
City & Sta	ate			v & State					ECK HERE I	F MAKIN	G CHANG	ES
				y & State			4. Fi	El Number 59-	2925740		T	Applied For
Zip		Country	Zip	)	Cour	ntry	. <b>5</b> . C	ertificate of Statu	e Desired		\$8.75	Not Applicable Additional
	6. Name	and Address of Curr	ent Register	ed Agent				-	-		Fee Requ	ired
-						Name	/. N	ame and Addres	S OT New He	gistered	Agent	
l	r, thomas <b>n</b>					C4	<b>(5.0.5</b>					
	#1 SO., STI					Sireet Addres	s (P.O. Bo	x Number is Not	Acceptable)			
ST. AUG	USTINE FL 3	2086								•		
						City			<del> </del>	FL	Zip Ci	
8. The above	e named entity ations of registe	submits this statemen	t for the purp	ose of changing it	ts registere	ed office or regis	tered ager	nt, or both, in the	State of Flori	ida. I am	familiar wit	h, and accept
inc conge	ations of registe	red agent.										. , and doop!
SIGNATURE	Signature, typed of	r printed name of registered ag	lent and title if and	- Kaabla Alo	ME Desister							
	HE MOWIT	EEE IC 6450.00		III.		d Agent signature requi	red when reins	stating)	<del>-</del>	DATE		
F Afte	FILE NOW!!! or May 1, 200	FEE IS \$150.00 Fee will be \$550.0		nicable. (NO	- Inglatera	d Agent signature requi	red when reins	1	mpaign Fina	_	¢5	00 5
Afte	r May 1, 200:	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	00	incapie. (NO	- Indigitation	d Agent signature requi	red when reins	9. Election Ca	mpaign Fina	ncing		.00 May Be
Afte Make Chec	r May 1, 200:	Fee will be \$550.0	00 t of State		11.	d Agent signature requi		9. Election Ca Trust Fund (	Contribution.	ncing	Add ل	ed to Fees
Afte Make Chec	er May 1, 2003 k Payable to	Florida Department  OFFICERS AN	00 t of State					9. Election Ca	Contribution.	ncing	DIRECTO	ed to Fees
Afte Make Chec 10. TITLE NAME	PD COWART, 1	Fee will be \$550.0 Florida Department OFFICERS AN	00 t of State	RS	11.			9. Election Ca Trust Fund (	Contribution.	ncing	Add ل	ed to Fees
Afte Make Chec  10.  TITLE  NAME  STREET ADDRESS	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS	11.			9. Election Ca Trust Fund (	Contribution.	ncing	DIRECTO	ed to Fees
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CÎTY-SI-ZIP	PD COWART, 1	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS	11. TITLE NAME			9. Election Ca Trust Fund (	Contribution.	ncing	DIRECTO	ed to Fees
Afte Make Chec  10.  TITLE NAME STREET ADDRESS OÎTY-ST-ZIP TITLE	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS	11. TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing	DIRECTO	ed to Fees
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CÎTY-SI-ZIP	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete	11. TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing	□ Add □ DIRECTO □ Change	ed to Fees  RS IN 11  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS OÎTY-ST-ZIP TITLE NAME	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE	ET ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing	□ Add □ DIRECTO □ Change	ed to Fees  RS IN 11  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS OTY-ST-ZIP TITLE NAME STREET ADDRESS	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete	11. TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing	D DIRECTO Change	ed to Fees  RS IN 11  Addition  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing	□ Add □ DIRECTO □ Change	ed to Fees  RS IN 11  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME	ET ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing	D DIRECTO Change	ed to Fees  RS IN 11  Addition  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		9. Election Ca Trust Fund (	Contribution.	ncing	D DIRECTO Change	ed to Fees  RS IN 11  Addition  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREET TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS		9. Election Ca Trust Fund (	Contribution.	ncing	D DIRECTO Change	ed to Fees  RS IN 11  Addition  Addition
Afte Make Chec  10.  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	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREET CITY-: TITLE NAME STREET NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing	DIRECTO Change Change	ed to Fees  RS IN 11  Addition  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-S TITLE NAME STREET NAME STREET	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing	DIRECTO Change Change	ed to Fees  RS IN 11  Addition  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing [	Add DIRECTO Change Change	ed to Fees  RS IN 11 Addition Addition Addition Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing [	DIRECTO Change Change	ed to Fees  RS IN 11  Addition  Addition
Afte Make Chec  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		9. Election Ca Trust Fund (	Contribution.	ncing [	Add DIRECTO Change Change	ed to Fees  RS IN 11 Addition Addition Addition Addition
Afte Make Chec  10.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS		9. Election Ca Trust Fund (	Contribution.	ncing [	Add DIRECTO Change Change	ed to Fees  RS IN 11 Addition Addition Addition Addition
Afte Make Chec  10.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS		9. Election Ca Trust Fund (	Contribution.	neing [	Add DIRECTO Change Change Change	ed to Fees  RS IN 11 Addition Addition Addition Addition Addition
Afte Make Chec  10.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete  Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP		9. Election Ca Trust Fund (	Contribution.	neing [	Add DIRECTO Change Change	ed to Fees  RS IN 11 Addition Addition Addition Addition
Afte Make Chec  10.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWART, 1 2761 HARB	Fee will be \$550.0 Florida Department OFFICERS AN THOMAS M. OR COURT	00 t of State	RS Delete  Delete  Delete  Delete	11. TITLE NAME STREE CITY-: TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		9. Election Ca Trust Fund (	Contribution.	neing [	Add DIRECTO Change Change Change	ed to Fees  RS IN 11 Addition Addition Addition Addition Addition

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: