

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92659

1. Entity Name

COB INDUSTRIES, INC.

Principal Place of Business

7610 CORAL DR.
W. MELBOURNE FL 32904

Mailing Address

P O BOX 361175
MELBOURNE FL 32936-1125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2646538

Applied For

Not Applicable

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

MOBRIEN, RUTH M

8485 S TROPICAL TRL

MERRITT ISLAND FL 32952

Name

O'Brien Ruth M.

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

822 Coral Springs St
Melbourne FL 32940

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

Ruth M. O'Brien DVT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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	DVT	<input type="checkbox"/> Delete
NAME	O'BRIEN, RUTH M.	
STREET ADDRESS	8485 SO TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'BRIEN, VERONICA A	
STREET ADDRESS	147 KRISTI DR	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'BRIEN, STEPHEN A	
STREET ADDRESS	2605 VILLAGE PK	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'BRIEN, CLETUS	
STREET ADDRESS	120 PELICAN DR	
CITY-ST-ZIP	MELBOURNE SHORES FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Brien, Ruth M.	
STREET ADDRESS	822 Coral Springs St	
CITY-ST-ZIP	Melbourne FL 32940	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica O'Brien	
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.

SIGNATURE:

Ruth M. O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/00 321 723 3200

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90011 043 ***550.00

A0076558



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)