## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 30, 2002 8:00 am Secretary of State DOCUMENT # L01000009378 05-07-2002 90210 001 \*\*\*150.00 1. Entity Name CORTEX ACQUISITION GROUP LLC Principal Place of Business Mailing Address \_ 89885 210 S. PARSONS AVE. 210 S. PARSONS AVE. SUITE 12 SUITE 12 BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59 -Not Applicable Zip • Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAUGHAN, DAVID R Street Address (P.O. Box Number is Not Acceptable) 210 S. PARSONS AVE. SUITE 12 **BRANDON FL 33511** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Delete TITLE 900 Change ☐ Addition NAME PARKER INVESTMENS INC NAME STREET ADDRESS 3908 RYALWOOD CT. STREET ADDRESS CR2E083 CITY-ST-ZIP VALRICO FL 33594 CiTY-ST-71P TITLE MGRM ☐ Delete TITLE ☐ Change □ Addition NAME ATWELL HOLDINGS INC. NAME STREET ADDRESS 2209 LONGLEAF CIRCLE STREET ADDRESS CITY-ST- ZIP LAKELAND FL 33810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under early; that I am a managing member or manager of the limited liability on the receiver or trustee emptwered to execute this report as required by Chapter 608, Florida Statutes.

Derek