

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90157 036 ***150.00

DOCUMENT # L32430

1. Entity Name

THE COCHENOUR AGENCY, INC.



Principal Place of Business

310 COUNTRY CIRCLE
DAYTONA BEACH FL 32128
US

Mailing Address

P. O. BOX 290066 C/O JOHN R. COCHENOUR
PORT ORANGE FL 32129

2. Principal Place of Business

2090 S. NOVA RD

3. Mailing Address

Suite, Apt. #, etc.

B-206

City & State

SOUTH DAYTONA

City & State

PORT ORANGE

Zip

32119

Country

FLORIDA

Zip

32129

Country

FLORIDA

4. FEI Number

59-2980907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

COCHENOUR, JOHN R.

310 COUNTRY CIRCLE DRIVE E
DAYTONA BEACH FL 32124

7. Name and Address of New Registered Agent

Name

COCHENOUR, JOHN R.

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

818 PHEASANT RUN CT. W.

City

PORT ORANGE

FL

Zip Code

32127

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME COCHENOUR, JOHN R.

STREET ADDRESS 310 COUNTRY CIRCLE DR.

CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 818 PHEASANT RUN CT. W.

CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED John R. Cochenour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4/1/03 391.295.5766

CR2E034 (10/02)