

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 030 ***150.00

DOCUMENT # <u>L59752</u>	
1. Entity Name <u>Cobra Plastics, Inc.</u> <u>13090 92nd St. N. Unit 401</u> <u>Largo, FL 33773</u>	

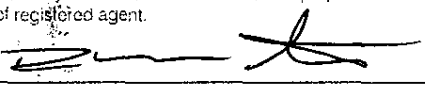
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>13090 92nd St. N.</u> Suite, Apt. #, etc. <u>Unit 401</u> City & State <u>Largo, FL</u> Zip <u>33773</u> Country <u>USA</u>		3. Mailing Address <u>13090 92nd St. N.</u> Suite, Apt. #, etc. <u>Unit 401</u> City & State <u>Largo, FL</u> Zip <u>33773</u> Country <u>USA</u>	
--	--	--	--

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>59-2998379</u>	Applied For ☐ No: Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>Dan Stricklin</u> Street Address (P.O. Box Number is Not Acceptable) <u>12063 106th St. N.</u> City <u>Largo,</u> <u>FL</u> Zip Code <u>33773</u>	

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 re-stating) DATE

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY- ST- ZIP	<u>Dan Stricklin</u> <u>President</u> <u>12063 106th St. N.</u> <u>Largo, FL 33773</u>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P
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 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 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	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other I-ko empowered.

SIGNATURE:  **4-2-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)