

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009394**

1. Entity Name

COOKSEY, PRESTON, HAMILTON & ASSOCIATES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 12 PM 11:02

Principal Place of Business

140 S. BEACH STREET
DAYTONA BEACH FL 32114

Mailing Address

140 S. BEACH STREET
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3617192

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKIN, MARSHALL H
149 SOUTH RIDGEWOOD AVENUE
STE 710
DAYTONA BEACH FL 32114

Name

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

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME T. JAMES COOKSEY, PRESIDENT
STREET ADDRESS MASSIE, COOKSEY & ASSOC., INC.
CITY-ST-ZIP 140 SO. BEACH ST.
DAYTONA BEACH, FL 32114

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
300003428113--6
-10/18/00--01017--001
*****50.00 *****50.00

TITLE NAME RICHARD L. PRESTON, II, PRESIDENT
STREET ADDRESS PRESTON & ASSOCIATES, INC.
CITY-ST-ZIP 555 W. GRANADA BLVD
ORMOND BEACH, FL 32174

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/12/2000

Date

904-252-1293

Daytime Phone #

CR2E083 (5/00)