

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001562

1. Entity Name

COHESION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 022 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 16189
PENSACOLA FL 32507

P.O. BOX 16189
PENSACOLA FL 32507-6189

2. Principal Place of Business

3. Mailing Address

509A North "L" St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pensacola

City & State

Florida

Zip

Country

Zip

Country

32501

Escambia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3158660

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

Name

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

City

FL

Zip Code

ROBY, THELMA L
509-A NORTH "L" ST
PENSACOLA FL 32501

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete
NAME WELCOME, JAMES R
STREET ADDRESS 502 N. GREEN ST.
CITY-ST-ZIP PENSACOLA FL 32505

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

TITLE PD ☐ Delete
NAME ROBY, THELMA L
STREET ADDRESS 509-A NORTH "L" ST.
CITY-ST-ZIP PENSACOLA FL 32501

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

TITLE S ☐ Delete
NAME SHARPE, DARLENE D
STREET ADDRESS 6283 RIDGEGATE CIR.
CITY-ST-ZIP PENSACOLA FL 32504

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

TITLE TD ☐ Delete
NAME WARD, EUGENE
STREET ADDRESS 2103 ST. ANDREWS DR.
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 617, 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 empowerments.

SIGNATURE:

Thelma L Roby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (850) 452-2116

CR2E037 (9/99)