## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9900007587 Jul 21, 2000 8:00 am 1. Entity Name **Secretary of State** WAKE UP CALL, INC. 07-21-2000 90156 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 3015 COLONIAL RIDGE DR. 3015 COLONIAL RIDGE DR. BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address 1426 Rivage Circle 1426 Rivage Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-361707 Not Applicable Brandon <u>brandon</u> Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent L Cosbu Box Number is Not Acceptable) Street Address (P.O. COSBY, DANNY L 3015 COLONIAL RIDGE DR. **BRANDON FL 33511** randon 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min, will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITI F TITLE Delete COSBY, DANNY L NAME NAME 1426 Rivage Circle 3015 COLONIAL RIDGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Brandon FL 33511 Addition TITLE Delete TITLE Change COSBY, SHARRON K NAME NAME 1426 Rivage Circle STREET ADDRESS 3015 COLONIAL RIDGE DR. STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP <u>Brandon</u> FL 33511 ☐ Addition TITLE -Delete - -TITLE ☐ Change COSBY, CARON MILLS NAME NAME STREET ADDRESS 10303 CASA PALERMO DR.,#8 STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL 33569 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ElDanny L Cosby 7/4/00 813-684-3949 SIGNATURE: