

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

0056420

DOCUMENT # N99000007587

1. Entity Name

WAKE UP CALL, INC.

Principal Place of Business

**1426 RIVAGE CIR
 BRANDON FL 33511**

Mailing Address

**1426 RIVAGE CIR
 BRANDON FL 33511**

2. Principal Place of Business

6919 Gray Oak Place
 Suite, Apt. #, etc.

3. Mailing Address

6919 Gray Oak Place
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Riverview

City & State
Riverview

4. FEI Number

59-3617077

Applied For

Not Applicable

Zip

33569

Country

USA

Zip

33569

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**COSBY, DANNY L
 1426 RIVAGE CIR
 BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

Danny L. Cosby

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

6919 Gray Oak Place

City

Riverview

FL

Zip Code

33569

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

TITLE	D	<input type="checkbox"/> Delete
NAME	COSBY, DANNY L	
STREET ADDRESS	3015 COLONIAL RIDGE DR.	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	D	<input type="checkbox"/> Delete
NAME	COSBY, SHARRON K	
STREET ADDRESS	3015 COLONIAL RIDGE DR.	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	D	<input type="checkbox"/> Delete
NAME	COSBY, CARON MILLS	
STREET ADDRESS	10303 CASA PALERMO DR.,#8	
CITY-ST-ZIP	RIVERVIEW FL 33569	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Danny L. Cosby (P)(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6919 Gray Oak	
STREET ADDRESS	Riverview FL 33569	
CITY-ST-ZIP		

TITLE	Sharron K Cosby (V)(D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6919 Gray Oak Place	
STREET ADDRESS	Riverview FL 33569	
CITY-ST-ZIP		

TITLE	Caron Mills Cosby (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6919 Gray Oak Place	
STREET ADDRESS	Riverview FL 33569	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

813/672-0375

Date

Daytime Phone #

CR2E037 (10/00)