

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90032 007 ***150.00

DOCUMENT # P00000016841

1. Entity Name
COCHRAN REPORTING, INC.

Principal Place of Business 2878 REMINGTON STREET JACKSONVILLE FL 32205	Mailing Address 2878 REMINGTON STREET JACKSONVILLE FL 32205
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 102 Southard St.	3. Mailing Address 102 Southard St.
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5

City & State Key West, FL	City & State Key West, FL
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4. FEI Number 59-3635223	Applied For Not Applicable
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Zip 33040	Country USA	Zip 33040	Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANCHETA, CHINA R
 2878 REMINGTON STREET
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent
 Name **China R. Cochran**
 Street Address (P.O. Box Number is Not Acceptable)
102 Southard St., Apt. #5
 City **Key West** FL Zip Code **33040**

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 **China R. Cochran, President** **China R. Cochran** 1/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANCHETA, CHINA R 2878 REMINGTON STREET JACKSONVILLE FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition China R. Cochran 102 Southard St., #5 Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **China R. Cochran, Director** **China R. Cochran** 1/15/01 305-276-6798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)