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UNIFORM BUSINESS REPORT (UBR P00000016841 DOCUMENT # 08-05-2003 90073 017 ***150.00 1. Entity Name COCHRAN REPORTING, INC. Principal Place of Business Mailing Address **65 JOHNSTON AVE** 65 JOHNSTON AVE JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3635223 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-COCHRAN, CHINA R Street Address (P.O. Box Number is Not Acceptable) 65 JOHNSTON AVE JACKSONVILLE FL 32211 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. I am familiar with, and accept the obligations of gistered agent SIGNATURE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Change COCHRAN, CHINA R NAME NAME 65 JOHNSTON AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackm 904-726-504

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

2003 FOR PROFIT CORPORATION

Attachment #80136187 8-4-03

To whom It May Concern,

apparently, I did not receive the frist notification that was due by May 1st 2003. When I received the last notification, what caught my eye was "Due by September 10,2003", highlighted in red on the front page. you taking a closer look as I sat down to take care of it, I realized this was the second motice. I take pride in paying my obligations on time and I'm Very upset that this happened. Please accept my enclosed there in the amount of \$150. - as payment in feel. Thank you. Sincerely Alix D. Pochan