2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000042647**

1. Entity Name
COX, PETTIJOHN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
35 BISCAYNE AVE	35 BISCAYNE AVE
TAMPA FL 33606	TAMPA FL 33606

2. Principal Place of Business	3. Mailing Address
106 TARGA CT	106 TARGA CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33606 / Country:	Zip: 33606 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3634126** ☐ 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
PETTIJOHN CAROLE D	Name
35 BISCAYNE AVE	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33606	City **FL** Zip Code

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 ______________________ 05/30/2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	COX FRANCES AMS		NAME	COX FRANCES AMS	
STREET ADDRESS	35 BISCAYNE AVE		STREET ADDRESS	106 TARGA CT	
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	PETTIJOHN CAROLE D		NAME	PETTIJOHN CAROLE D	
STREET ADDRESS	35 BISCAYNE AVE		STREET ADDRESS	106 TARGA CT	
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP	TAMPA FL 33606	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Carole D Pettijohn D 05/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)