

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000054721**1. Entity Name
COTSWOLD INC.**FILED**
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90040 037 ***150.00

Principal Place of Business

24761 US HWY. 19 N., SUITE 630
CLEARWATER FL 33763

Mailing Address

24761 US HWY. 19 N., SUITE 630
CLEARWATER FL 33763

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

109 Crystal Lake Ave E.
Suite, Apt. #, etc. Suite 211

3. Mailing Address

109 Crystal Lake Ave E.
Suite, Apt. #, etc. Suite 211City & State
Lake Mary, FLCity & State
Lake Mary, FL4. FEI Number
59-3653706Applied For
Not ApplicableZip
32746Country
USAZip
32746Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOURTAS, LOUIS C
24761 US HWY. 19 N., SUITE 630
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name

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

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D HEWKIN, PAUL A
STREET ADDRESS 24761 US HWY. 19 N., SUITE 630
CITY-ST-ZIP CLEARWATER FL 33763TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 109 Crystal Lake Ave E, Suite 211
CITY-ST-ZIP Lake Mary, FL 32746TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: P. A. Hewkin PAUL HEWKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4.27.01 (407) 333 3878
Date Daytime Phone #

CR2E034 (10/00)