**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar $2\overline{6}$ , $\overline{2002}$ 8:00 am **Secretary of State** P00000054721 DOCUMENT # 1. Entity Name 03-26-2002 90080 003 \*\*\*150.00 COTSWOLD INC. Principal Place of Business Mailing Address 109 CRYSTAL LAKE AVENUE EAST 109 CRYSTAL LAKE AVENUE EAST LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address 173 N. COUNTRY CLUB KOAD 173 N. COUNTRY CLUB KOAD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3653706 LAKE MARY LAKE MARY FLORIDA. Not Applicable FLORIDA. 3274L Country U.S. A Country U.S.A. Zip \$8.75 Additional 5. Certificate of Status Desired ろなてみし Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOURTAS, LOUIS C Street Address (P.O. Box Number is Not Acceptable) 24761 US HWY. 19 N., SUITE 630 **CLEARWATER FL 33763** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Delete ☐ Addition TITLE TITLE HEWKIZ, PAUL A. HEWKIN, PAUL A NAME NAME 173 N. COUNTRY CLUB ROAD STREET ADDRESS 109 CRYSTAL LAKE AVENUE EAST #211 STREET ADDRESS LAKE MARY FL 32746 FL 32746 CITY-ST-ZIF CITY-ST-ZIP LAKE MARY Delete □ Change Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF [ ] Addition Delete TITLE - ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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

SIGNATURE:

SICKAT HOWESE PAUL ANTHONY HEWKIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR