

FILED
Apr 18, 2003 8:00 am
Secretary of State

0083429 AV

DOCUMENT #

P00000054721

1. Entity Name

COTSWOLD INC.

Principal Place of Business

173 NORTH COUNTRY CLUB ROAD
LAKE MARY FL 32746
US

Mailing Address

173 NORTH COUNTRY CLUB ROAD
LAKE MARY FL 32746
US

2. Principal Place of Business

187 E. CRYSTAL LAKE AVE
Suite, Apt. #, etc.
2005
City & State
LAKE MARY FLORIDA
Zip
32746
Country
U.S.A.

3. Mailing Address

187 E. CRYSTAL LAKE AVENUE
Suite, Apt. #, etc.
2005
City & State
LAKE MARY FLORIDA
Zip
32746
Country
U.S.A.

4. FEI Number

59-3653706

Applied For

Not Applicable

5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Anthony Hewkin

4.11.03

407 333 3878