

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90083-034-\$150.00-\$150.00

PAGE 1 of 2

0128671 AT

DOCUMENT # P02000023925

1. Entity Name
COCOA VILLAGE PUBLISHING, INC.



FILED

03 OCT -6 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
415 BREVARD AVENUE
COCOA FL 32922

Mailing Address
415 BREVARD AVENUE
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04 361470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRUETT, DEBRA C
415 BREVARD AVENUE
COCOA FL 32922

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

Debra C. Pruett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Debra C. Pruett
415 Brevard Ave
Cocoa FL 32922*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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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:

Debra C. Pruett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03

Date

321 633
4990

Daytime Phone #

CR2E034 (4/03)

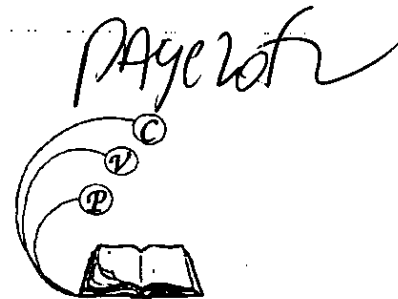
Attachment

Cocoa Village Publishing

415 Brevard Ave.

Cocoa Village, FL 32922-7901

phone 321-633-4990 facsimile 633-4997



90155916
PO2000023925

September 8, 2003

Division of Corporations

PO Box 1500

Tallahassee, FL. 32302-1500

To Whom It May Concern:

I am writing to you today to ask you to waive the \$400 late fee for my corporate filing, as this is the first notice I have received. I am enclosing a check for the \$150.00

I thank you for your help on this matter.

Sincerely,



Debra Pruett

President