

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000030867

1. Entity Name
R J COZART INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -3 PM 2:44

Principal Place of Business
429 MORNING GLORY LANE
JACKSONVILLE, FL 32259

Mailing Address
429 MORNING GLORY LANE
JACKSONVILLE, FL 32259

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

12132005 REIN-P CR2E098 (6/04)

4. FEI Number
01-0711909

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLUNKETT, WILLIAM E
429 MORNING GLORY LANE
JACKSONVILLE, FL 32259

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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME COZART, REBECCA H ☐ Delete
STREET ADDRESS 429 MORNING GLORY LANE
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE V
NAME COZART, JOHNATHON T ☐ Delete
STREET ADDRESS 429 MORNING GLORY LANE
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
600062574266
01/03/06--01055--009 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/05 (904) 396-5181
Date Daytime Phone #

1/1/06