

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90257 046 \*\*\*150.00

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DOCUMENT # **P02000054385**



1. Entity Name  
**R & K COX, INC.**

Principal Place of Business  
**19 EAST CENTRAL BLVD.  
ORLANDO FL 32801**

Mailing Address  
**19 EAST CENTRAL BLVD.  
ORLANDO FL 32801**



2. Principal Place of Business  
**155 11th Ave**

3. Mailing Address  
**155 11th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Osteen, FL**

City & State  
**Osteen, FL**

4. FEI Number  
**06-1654384**

Applied For  
 Not Applicable

Zip Country  
**32764 USA**

Zip Country  
**32764 USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JOHNSON, PATTI  
19 EAST CENTRAL BLVD.  
ORLANDO FL 32801**

Name  
**RICK COX**

Street Address (P.O. Box Number is Not Acceptable)  
**155 11th Ave**

City State Zip Code  
**Osteen, FL 32764**

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]* *Kelly*

DATE **4/19/03**

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  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COX, RICK</b>	
STREET ADDRESS	<b>67 MILL LANE, GREENFIELD, BEDFORD</b>	
CITY-ST-ZIP	<b>BERFORDSHIRE ENGLAND, UK, MK4</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COX, KAREN</b>	
STREET ADDRESS	<b>67 MILL LANE, GREENFIELD, BEDFORD</b>	
CITY-ST-ZIP	<b>BERFORDSHIRE ENGLAND, UK, MK4</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>155 11th Ave</b>	
CITY-ST-ZIP	<b>Osteen, FL 32764</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>155 11th Ave</b>	
CITY-ST-ZIP	<b>Osteen, FL 32764</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/19/03**

Daytime Phone #

CR2E034 (10/02)