0468440 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200096317

1. Entity Name

COUSE INVESTORS CORPORATION



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90189 007 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	00001										
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Detail D	Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	☐ CHECK HERE IF MAKING CHANGES				
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BANNER, MICHAEL 4244 W. TENNESSEE ST. #185 TAILAHASSEE FI, 32304 8. The above named entity, submits this statement for the purpose of changing its registered office or rejustered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regulations of regu		6. Name and Address of Current	Registered Agent			7.	Name and Address of New F	Registered Ag	ent]
TALLAHASSEE FL 22304 City Tampa FL Zincous Selection of the purpose of changing its registered aligner, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the provided agent. FIL III and III am familiar with, and accept the provided agent. FIL III and	4244 W. T	MICHAEL	ر آنيد مهرسي او مسان اسالمحمو	Street Add		ss (P.O. Box Number is Not Acceptable)					
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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 DIRECTO

4410

813-792-757