

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000-112233**

1. Entity Name  
**Cowboy Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 30 PM 3:22

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**17195 Ft. Bch. Rd**

3. Mailing Address  
**17195 Ft Bch. Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**Apt #2**

**Apt #2**

City & State

City & State

**Panama City Bch. FL**

**Panama City Bch, FL**

4. FEI Number

**65-1160452**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32413**

**Bay**

**32413**

**Bay**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Sherry Hill**

Street Address (P.O. Box Number is Not Acceptable)

**17195 Ft Bch Rd. #2**

**Panama City Bch,**

City

**FL**

Zip Code

**32413**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE **Sherry Hill**

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

(NOTE: Registered Agent signature required when reinstating)

**9-30-03**

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Sherry Hill Pres.  
17195 Ft. Bch. Rd. #2  
Panama City Bch., FL 32413**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700023536817  
10/03/03--01021--007 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V Pres  
James Hill  
17195 Ft Bch Rd #2  
Panama City Bch, FL 32413**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sherry Hill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-30-03**

Date

Daytime Phone #

CR2E034B (12/01)

9-30-03

Due to address changed. I did not  
recieve UBR for 2003, For my Corp.  
Cowboy Inc.

Sherry Hill

RECEIVED  
03 SEP 30 PM 3:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA