

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011346

1. Entity Name

~~THE COMPUTER FACTORY INC.~~

COCHRANE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~237 S. WESTMONTE DRIVE~~ 2265 SILVER SANDS  
~~STE 200~~ SANDS  
~~ALTAMONTE SPRINGS FL 32714~~  
~~US~~ VERO BEACH, FL  
U.S.

2265 SILVER SANDS CT.  
VERO BEACH  
FL 32963  
US

2. Principal Place of Business

3. Mailing Address

2265 SILVER SANDS CT.

2265 SILVER SANDS CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VERO BEACH, FL

VERO BEACH, FL

Zip

Country

Zip

Country

32963

U.S.

32963

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COCHRANE, NOEL  
1033 PINE SHADOW DRIVE  
APOPKA FL 32712

Name

NOEL - COCHRANE

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

2265 SILVER SANDS CT

City

VERO BEACH

FL

Zip Code

32963

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

*Noel Cochrane*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/2000

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, TODD	
STREET ADDRESS	1391 BARBIZON COURT	
CITY-ST-ZIP	CASSELBERRY FL 32708	
TITLE	ST P	<input type="checkbox"/> Delete
NAME	COCHRANE, BETTY	
STREET ADDRESS	1033 PINESHADE DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty Cochrane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000 561-231-4986  
Date Daytime Phone #

FILED  
Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90051 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)