

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012732

1. Entity Name

COTTAGE INDUSTRIES OF ORLANDO, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90172 050 ***150.00

Principal Place of Business

Mailing Address

946 N MILLS AVE
 ORLANDO FL 32803
 US

P O BOX 149163
 ORLANDO FL 32814-9163
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3155502

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNLEY, PETER BAND
 1065 TERRACE BLVD
 STE 175
 ORLANDO FL 32803-3235

Name

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

410 Killarney Bay Ct

City

Winter Park

FL

Zip Code

32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
 NAME P
 STREET ADDRESS THORNLEY, PETER B
 CITY-ST-ZIP 1065 TERRACE BLVD
 ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME 410 Killarney Bay Ct
 STREET ADDRESS
 CITY-ST-ZIP ~~Orlando FL~~ Winter Park 32789

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00 407-898-8895

CR2E034 (9/99)