

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90251 018 ***150.00

0241207 AV

DOCUMENT # P93000052889

1. Entity Name
COCKPIT CONSULTING, INC.

Elec Access Code
0572



Principal Place of Business
1900 SUNSET HARBOR DR.
2112
MIAMI BCH FL 33139

Mailing Address
1900 SUNSET HARBOR DR.
2112
MIAMI BCH FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0434275**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, MEADOWS M
1900-2112 SUNSET HARBOR DR.
MIAMI BCH FL 33139

Name

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

City

FL

Zip Code

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]

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEADOWS, LAWRENCE M. 1900-2112 SU NSET HARBOR MIAMI BCH FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 MAY 03

516 9827718

Date

Daytime Phone #

CR2E034 (10/02)

90123983

ATTACHMENT

P93000052889

2 May 03

To whom it may concern:

RE: Doc# P93000052889

I filed electronically on 24 April, when I tried to confirm my filing yesterday I discovered my filing request was still in the que.

I just spoke to Dang Spiller, who verified this, and said I can't now pay electronically. So he said to mail a paper check so I wouldn't have to pay the late fee. Please call if you have any questions. 516-982-7718

Lawrence Meadous

L. M. Meadows