

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-09-2003 90182 010 ***150.00

DOCUMENT # P94000017973

1. Entity Name
COGA ENTERPRISES, INC.



Principal Place of Business
**8538 MALLORY RD
SUITE #4
JACKSONVILLE FL 32220-2311
US**

Mailing Address
**8538 MALLORY RD
SUITE #4
JACKSONVILLE FL 32220-2311
US**

2. Principal Place of Business
416 Margret St

3. Mailing Address
Same

City & State
Jacksonville, FL

City & State

4. FEI Number **74-2736159**

Applied For
Not Applicable

Zip **32204** Country **Dural**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOUSER, GARY L
9555 DARBYTOWN LN
JACKSONVILLE FL 32222**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE **PCEO** ☐ Delete
NAME **HOUSER, GARY L**
STREET ADDRESS **9555 DARBYTOWN LN**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **ST** ☒ Delete
NAME **HOUSER, CYNTHIA G**
STREET ADDRESS **9555 DARBYTOWN LN**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE **VCFO** ☐ Delete
NAME **HERRERA, OTTO E**
STREET ADDRESS **1729 LEOBIS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **VCFO Larry E. Halbert**
STREET ADDRESS **5540 Milmar Dr. S.**
CITY-ST-ZIP **Jacksonville, FL 32207**

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

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

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

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: **Gary L Houser**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03 (904)354-3353

Date Daytime Phone #

CR2E034 (10/02)