

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 8:00 am**
Secretary of State

02-16-2000 90121 019 ***150.00

DOCUMENT # P94000020338

1. Entity Name

DENNIS COX ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 337
KATHLEEN FL 33849P.O. BOX 337
KATHLEEN FL 33849-0337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5130 Bennett Dr

Suite, Apt. #, etc.

5130 Bennett Dr

City & State

Lakeland, FL

City & State

Lakeland FL

Zip

33810

Country

Polk

Zip

33810

Country

Polk

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, E. SNOW JR.
200 LAKE MORTON DR.
LAKELAND FL 33801

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.

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 State10. 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
NAME COX, DENNIS L ☐ Delete
STREET ADDRESS P.O. BOX 337 N/A
CITY-ST-ZIP KATHLEEN FL 33849TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD
NAME COX, DENNIS L ☐ Delete
STREET ADDRESS P.O. BOX 337 N/A
CITY-ST-ZIP KATHLEEN FL 33849TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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: *Dennis L Cox* Pres. Dennis L. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-31-00 863-683-1525
Date Daytime Phone #

CR2E034 (9/99)