2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P94000025017 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90041 030 ***150.00 COX & BURNS, P.A. Principal Place of Business Mailing Address 122 S CALHOUN ST 122 SOUTH CALHOUN STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3245003 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNS, DAVID H Street Address (P.O. Box Number is Not Acceptable) 122 SOUTH CALHOUN STREET TALLAHASSEE FL 32301 City Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME COX, ROBERT S NAME STREET ADDRESS STREET ADDRESS 122 S CALHOUN STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE Change ☐ Addition ☐ Delete TITLE VPD NAME NAME BURNS, DAVID H STREET ADDRESS STREET ADDRESS 122 S CALHOUN STREET CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32301 ☐ Change ☐ Addition TITLE TITLE ☐ Delete ST NAME NAME BURNS, DAVID H STREET ADDRESS STREET ADDRESS 122 SOUTH CALHOUN ST CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Change ☐ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. Thereby 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 attachg with an address, with all other like empowered

TITLE NAME

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

ING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Defete

FILED

Change

☐ Addition