

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90129 040 ***158.75

DOCUMENT # P94000086668

1. Entity Name
COOK & KOCH, P.A.



Koch & Associates, P.A.

Principal Place of Business
ONE TAMPA CITY CENTER
3010
TAMPA FL 33602

Mailing Address
ONE TAMPA CITY CENTER
3010
TAMPA FL 33602



2. Principal Place of Business

3. Mailing Address

201 N. Franklin Street

201 N. Franklin Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

One Tampa City Center, Suite 3010

One Tampa City Center, Suite 3010

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number **59-3286136**

Applied For

Not Applicable

Zip

Country

33602

USA

Zip

Country

33602

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COOK, RONALD D~~
~~ONE TAMPA CITY CENTER, SUITE 3010~~
~~201 NORTH FRANKLIN STREET~~
~~TAMPA FL 33602~~

Name

Stephen A. Koch

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

201 N. Franklin St.

One Tampa City Center, Suite 3010

City

Tampa

FL

Zip Code

33602

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/2003

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	COOK, RONALD D	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 3010	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KOCH, STEPHEN A	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 3010	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen A Koch	
STREET ADDRESS	201 N. Franklin St.	
CITY-ST-ZIP	One Tampa City Center, Suite 3010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephen A. Koch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2003

Date

(813) 272-1259

Daytime Phone #

CR2E034 (10/02)