2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9

P94000086668

1. Entity Name

COOK & KOCH, P.A.



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

02-05-2003 90129 040 ***158.75

Kock	+ Associates P.A.			TILE					
Principal Plac	e of Business	Mailing Address ONE TAMPA CITY CENTE	:D						
3010	CIT CENTER	3010	.rı						
TAMPA FL 33	1602	TAMPA FL 33602				118 18411 SIBN BBIN PANK BARN I		M1486 (841 (88)	
7744 77 7 C 0 C		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-					
2. Principal F	Place of Business	3. Mailing Address				(1) 10111 5 1611 00111 60111 00111 1	 	01(8) 1011 (00)	
201 N. Franklin Street 201 N. Franklin									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	CHECK HERE IF MAK	ING CHANGES		
One Tar	Ma City Contra, Suite 3010		anter Suite 30	10		OFFICE II WAY			
City & Stat	<u></u>	City & State	/		4. FEI Number	59-3286136		plied For	ĺ
1 am	Da 1-1.	Tampa FL	4860	,				t Applicable	ĺ
Zip	Country	Zip	Country		5. Certificate of	Status Desired) \$8.75 Add		l
3360	6. Name and Address of Current F	3360L	U5/4		7 Nome and 6	ddress of New Register	Fee Require	a	1
	6. Name and Address or Current I	registerea Agent	Name		7. Name and A	agress or New Hegister	ed Agent		
COOKB	ONALD-D-			nhon.	A. Koch				-
COOK, RONALD D				ddress (P.	O. Box Number	is Not Acceptable)			i
-	PA CITY CENTER, SUITE 3010		201	N.)	Franklin	<u>\$</u> +.			i
	FH FRANKLIN STREET		One.	Tanna	CLC	enter, Suite	3010		
TAMPA F	33602		City				Zip Cod	e .	
	and a series of a	Ab		10		in the Oters of Florida . I	336	<u> </u>	i
the obligat	named entity submits this statement for lons of registered agent.	the purpose of changing its	registerea office o	r registered	d agent, or both,	in the State of Florida. I	am tamiliar with,	and accept	i
, , 0						21.4	12003	•	ì
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if conficeble (NOTS	E: Registered Agent signal	turo roquirod u	than reinstating)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12003	<u> </u>	
	Signature, typeo or printed name or registered agent at	id tide il applicable. (NOTE	t. Registered Agent signal	ture required w	wieri reliistating)				i
	ILE NOW!!! FEE IS \$150.00				9. Elect	tion Campaign Financing	\$5.0	0 May Be	
	r May 1, 2003 Fee will be \$550.00	01-1-				Fund Contribution.		to Fees	
	Payable to Florida Department of	I	•						
10.	OFFICERS AND I		11.		ADDITIONS/C	HANGES TO OFFICERS			é
TITLE	P SD	☑ Delete	TITLE				Change	Addition	Š
NAME STREET ADDRESS	G ook, ronald d- O ne tampa city center, suit	E-3010	NAME STREET ADDRESS					·	•
CITY-ST-ZIP	TAMPA-FL 33602	- oo a	CITY-ST-ZIP						è
	VTD			01/	ケーク			Addition	
TITLE NAME	KOCH, STEPHEN A	☐ Delete	TITLE NAME	Ster	STO shen A	Wast	E change	Audition	Ì
STREET ADDRESS	ONE TAMPA CITY CENTER, SUIT	F 3010	STREET ADDRESS	3 Tel	Mi Film	NOOL SI			i
CITY-ST-ZIP	TAMPA FL 33602	L 0010	CITY-ST-ZIP	One	Tama C.	Confor Sunta	3010		
TITLE		☐ Delete	TITLE	Ton	~ pa, /	L 33602	☐ Change	☐ Addition	
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CITY-ST-ZIP	,		CITY-ST-ZIP				- ·· - -		
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NAME			NAME				3	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
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STREET ADDRESS			STREET ADDRESS					_	
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TITLE		. Delete	TITLE		,		☐ Change	☐ Addition	
NAME			NAME				•	ĺ	
STREET ADDRESS			STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 ascress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/203

(8/3) 272-1259 Daytime Phone # R2E034 (10/02