

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90127 036 \*\*\*150.00

**DOCUMENT # P95000017981**

1. Entity Name

**COCKNEY REBEL, INC.**

**DO NOT WRITE IN THIS SPACE**

**11029315**

2. Principal Place of Business  
**10793 49th Street North**

3. Mailing Address  
**10793 49th Street North**

Suite, Apt. # etc.  
**Unit C**

Suite, Apt. # etc.  
**Unit C**

City & State  
**Clearwater, Florida**

City & State  
**Clearwater, Florida**

4. FEI Number  
**593299926**

Applied for  
**Not Applicable**

Zip  
**33762**

Country  
**U.S. A.**

Zip  
**33762**

Country  
**U.S. A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Terrance F. Brabant**

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

**211 55th Avenue**

City **St. Petersburg**

**FL**

Zip Code  
**33706**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 may be added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **Brabant, Terrance F.**  
STREET ADDRESS **211 55th Avenue**  
CITY-STATE-ZIP **St. Petersburg, Florida 33706**

TITLE **ST** ☐ Delete  
NAME **Brabant, Taina**  
STREET ADDRESS **211 55th Avenue**  
CITY-STATE-ZIP **St. Petersburg, Florida 33706**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

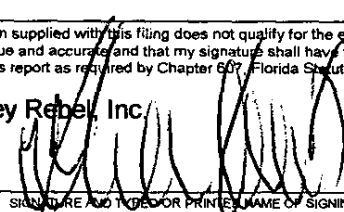
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE**

**IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**Cockney Rebel, Inc.**

SIGNATURE: By:  **Terrance F. Brabant**

**(727) 363-8462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #