

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061447

1. Entity Name  
R.L. COX, INC.



FILED

03 AUG 26 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1297 RESERVE DRIVE  
VENICE FL 34292

Mailing Address  
1297 RESERVE DRIVE  
VENICE FL 34292



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0606856

Applied For  
Not Applicable

Zip 34285 Country

Zip 34285 Country

☐ CHECK HERE IF MAKING CHANGES

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, RICHARD L  
1297 RESERVE DRIVE  
VENICE FL 34292

Name

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

City

FL

Zip Code 34285

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 D  
NAME COX, RICHARD L  
STREET ADDRESS 1297 RESERVE DRIVE  
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE  
NAME 400022635374  
STREET ADDRESS 08/28/03--01032--001  
CITY-ST-ZIP \*\*150.00 ☐ Change ☐ Addition

TITLE D  
NAME COX, LINDA L  
STREET ADDRESS 1297 RESERVE DRIVE  
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Linda L. Cox 8-21-03 941-496-4966  
LINDA L. COX Date Daytime Phone #

CR2E034 (4/03)

Secretary of State  
Glenda E. Hood  
Division of Corporations

Dear Glenda Hood,

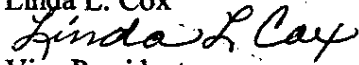
In going thru some mail it came to my attention I have not sent in our Uniform Business Report and check. I'm am so sorry for being tardy but my husband had open heart surgery with many complications requiring more hospital stays and many doctors appointments. All of my time has been spent trying to care for him and I've neglected many of my obligations.

I'm enclosing a check for \$150.00 hoping you will accept this payment and waive any additional fees.

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Thank you in advance for helping clear up this matter.

Linda L. Cox



Vice President

R.L.Cox, Inc

P95000061447

1297 Reserve Dr.

Venice, Fl. 34285

941-496-4961