

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90122 030 \*\*\*150.00

DOCUMENT # **P95000078799 ✓**

1. Entity Name

**COG Property Management, Inc.**

Principal Place of Business

**8002 Flagler Ct.  
 West Palm Beach, FL  
 33405**

Mailing Address

**8002 Flagler Ct.  
 West Palm Beach, FL  
 33405**

2. Principal Place of Business

**8002 Flagler Ct.**

Suite, Apt. #, etc.

3. Mailing Address

**8002 Flagler Ct.**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

Zip

**33405**

Country

**U.S.A.**

City & State

**West Palm Beach, FL**

Zip

**33405**

Country

**U.S.A.**

4. FEI Number

**65-0620657**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

**A0045721**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Hall, Robert D.  
 c/o Kelly L. Howell  
 8002 Flagler Ct.  
 West Palm Beach, FL 33405**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **Robert D. Hall**

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

**Robert D. Hall**

(NOTE: Registered Agent signature required when reinstating)

**3/28/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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 **President** ☐ Delete  
 NAME **Hall, Robert D.**  
 STREET ADDRESS **27W725 Washington Ave.**  
 CITY-ST-ZIP **Winfield, IL 60190**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Robert D. Hall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/01**

Date

**630-665-6089**

Daytime Phone #

CR2E034 (11/00)