

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90141 018 ***150.00

DOCUMENT # P95000083913

1. Entity Name
COSAR, INC.

Principal Place of Business
2546 LONGPINE LANE
SAINT CLOUD FL 34772

Mailing Address
2546 LONGPINE LANE
SAINT CLOUD FL 34772

2. Principal Place of Business
10000 US Hwy 98N.

3. Mailing Address
10000 US Hwy 98N.

Suite, Apt. #, etc.
#735

Suite, Apt. #, etc.
#735

City & State
LAKE LAND FL

City & State
LAKE LAND FL

Zip
33809

Country
USA

Zip
33809

Country
USA

4. FEI Number
59-3346065

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SARGENT, LINDA J
2546 LONGPINE LANE
SAINT CLOUD FL 34772

7. Name and Address of New Registered Agent

Name

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

10000 US Hwy 98N
#735

City

LAKE LAND

FL

Zip Code

33809

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
P
NAME
SARGENT, LINDA J
STREET ADDRESS
2546 LONGPINE LANE
CITY-ST-ZIP
SAINT CLOUD FL 34772

☐ Delete

TITLE
VP
NAME
SARGENT, ROBERT S
STREET ADDRESS
2546 LONGPINE LANE
CITY-ST-ZIP
SAINT CLOUD FL 34772

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

10000 US Hwy 98N #735
LAKE LAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

10000 US Hwy 98N. #735
LAKE LAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02 **863-534-4758**

Date

Daytime Phone #

CR2E034 (9/01)