

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089537

1. Entity Name
COBRA TECHNOLOGIES, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90011 033 ***150.00

Principal Place of Business
**2873 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE FL 32308
US**

Mailing Address
**2873 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE FL 32308
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2930 Wellington Circle

3. Mailing Address
2930 Wellington Circle

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number **59-3351864**

Applied For
Not Applicable

Zip
32308

Country
Leon

Zip
32308

Country
Leon

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROWE, BRIAN
2873 REMINGTON GREEN CIRCLE
SUITE A
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)
**2930 Wellington Circle
Suite 201**

City **Tallahassee** FL Zip Code **32308**

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 **B. Rowe**

DATE **4/16/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROWE, BRIAN**
STREET ADDRESS **5135 PIMLICO DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **VP** ☐ Delete
NAME **PALLISTER, NIGEL**
STREET ADDRESS **134 10TH STREET EAST**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

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

TITLE **VP** ☐ Delete
NAME **O'BRIEN, KEVIN**
STREET ADDRESS **610 MASTHEAD CT.**
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE **T** ☒ Delete
NAME **SAWYER, TOM**
STREET ADDRESS **5725 N.E. 16TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **B. Rowe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/16/01**

DATE

DAYTIME PHONE # **850-553-9393**

DAYTIME PHONE #

CR2E034 (10/00)