

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074075

1. Entity Name

KOKO HEAD, P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90172 005 ***150.00

Principal Place of Business

Mailing Address

2970 HARTLEY ROAD
SUITE 104
JACKSONVILLE FL 32257
US

2970 HARTLEY RD
STE 104
JACKSONVILLE FL 32257-6245
US

00000140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9309 Old Kings Rd. S.

3. Mailing Address

9309 Old Kings Rd. S.

Suite Apt. #, etc.

4

Suite Apt. #, etc.

Suite 4

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32257

Country

Zip

32257

Country

4. FEI Number

59-3395686

Applied For

Not Applicable

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

HEAD, KOKO

~~2970 HARTLEY RD, STE 104~~
JACKSONVILLE FL 32257

Name

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

9309 Old Kings Rd. S., Suite 4

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

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, 2000 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 PD
NAME HEAD, KOKO
STREET ADDRESS ~~13830 SPARTANBURG CT~~
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE P, S, D
NAME Koko Head
STREET ADDRESS 10012 Randallstown Lane
CITY-ST-ZIP Jacksonville, FL 32256

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Koko Head, President 1/4/00 (904) 730-2220

Date

Daytime Phone #

CR2E034 (9/99)