

2002 UNIFORM BUSINESS REPORT (UBR)

0371531 AV

DOCUMENT # P96000075332

1. Entity Name
COVE ASSET MANAGEMENT INC.

POSTED
02 DEC 26 11:12 AM '02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1900 GLADES ROAD
SUITE 201
BOCA RATON FL 33431

Mailing Address
1900 GLADES ROAD
SUITE 201
BOCA RATON FL 33431



2. Principal Place of Business
3651 FAU BLVD
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
3651 FAU BLVD
Suite, Apt. #, etc.
Suite 200

REINSTATEMENT

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number 65-0701183

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

6. Name and Address of Current Registered Agent
BERKOWITZ, IAN
1900 GLADES ROAD
SUITE 201
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name E. HAROLD GASSENHEIMER
Street Address (P.O. Box Number is Not Acceptable)
3651 FAU BLVD
Suite 200
City BOCA RATON FL FL Zip Code 33431

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 E. Harold Gassenheimer 12/2/02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL MARGOLIES 4044 NW 64TH RD BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Margolies 3651 FAU BLVD SUITE 200 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HINES, DAVID K 332 BEAR TRAIL CONWAY AR 72032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID HINES 3651 FAU BLVD SUITE 200 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: E. Harold Gassenheimer 12/2/02 661 416 6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)