

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000075371**1. Entity Name
HARRIS, COTHERMAN & ASSOCIATES C.P.A.'S CHARTEREDPrincipal Place of Business
5070 N A1A
SUITE 200
VERO BEACH FL 32963Mailing Address
5070 N A1A
SUITE 200
VERO BEACH FL 329632. Principal Place of Business
5070 N A1A3. Mailing Address
5070 N A1ASuite, Apt. #, etc.
SUITE 250Suite, Apt. #, etc.
SUITE 250City & State
VERO BEACH FLCity & State
VERO BEACH FLZip Country
32963Zip Country
329634. FEI Number
65-0689902Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE JOHN EIII
756 BEACHLAND BLVD.

VERO BEACH FL 32963 US

7. Name and Address of New Registered Agent

Name
MOORE JOHN EIII
Street Address (P.O. Box Number is Not Acceptable)
5070 N. HIGHWAY A1A, SUITE 200

City
VERO BEACH FL Zip Code
32963

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 _____ 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME JONES CHERI LYNN
STREET ADDRESS 5070 N A1A SUITE 250
CITY-ST-ZIP VERO BEACH FL 32963TITLE D ☐ Delete
NAME COTHERMAN P. ROSS II
STREET ADDRESS 5070 N A1A SUITE 250
CITY-ST-ZIP VERO BEACH FL 32963TITLE D ☐ Delete
NAME HARRIS ROBERT R
STREET ADDRESS 5070 N A1A SUITE 250
CITY-ST-ZIP VERO BEACH FL 32963TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: CHERI LYNN JONES

VD 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)