

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080195

1. Entity Name

THE JOHNNY COWART AGENCY, INC.

Principal Place of Business

~~8420 DAYMEADOWS ROAD~~  
~~SUITE 111~~  
JACKSONVILLE FL 32256

Mailing Address

~~8420 DAYMEADOWS ROAD~~  
~~SUITE 111~~  
JACKSONVILLE FL 32256

2. Principal Place of Business

**THE JOHNNY COWART AGENCY**

Suite, Apt. # ~~7563~~ **PHILIPS HWY, S. 203**  
JACKSONVILLE, FL 32256

PHONE (904) 332-0872 FAX: 0874  
FLORIDA LICENSE NO A056330

3. Mailing Address

**THE JOHNNY COWART AGENCY**

Suite, Apt. # ~~7563~~ **PHILIPS HWY, S. 203**  
JACKSONVILLE, FL 32256

PHONE (904) 332-0872 FAX: 0874  
FLORIDA LICENSE NO A056330



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3402124

Applied For

Not Applicable

Zip

Country

usa

Zip

Country

usa

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COWART, JOHNNY G  
11989 MARBON MEADOWS DR  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

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

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, 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

TITLE **P** ☐ Delete  
NAME **COWART, JOHNNY**  
STREET ADDRESS ~~8420 DAYMEADOWS RD, S. 111~~ **7563 Philips Hwy, S. 203**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01 (904) 332-0872  
Date Daytime Phone #

0025588

CR2E034 (10/00)