

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012585

1. Entity Name

COST CONSULTANTS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90055 016 ***150.00

Principal Place of Business

Mailing Address

~~3435 PHILIPS HIGHWAY~~

~~3435 PHILIPS HIGHWAY~~

~~SUITE B 210~~

~~SUITE B 210~~

~~JACKSONVILLE FL 32207~~

~~JACKSONVILLE FL 32247 7156~~

2. Principal Place of Business

3606-3 EMERSON ST.

3. Mailing Address

P.O. BOX 47156

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3423259

Applied For

Not Applicable

Zip

Country

32207

Zip

Country

32247-7156

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

TAYLOR, REGINALD

Name

TAYLOR, REGINALD

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

3606-3 EMERSON STREET

City

JACKSONVILLE

FL

Zip Code

32207

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 PS
NAME TAYLOR, REGINALD
STREET ADDRESS ~~3435 PHILIPS HIGHWAY~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32207~~

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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

Date

Daytime Phone #

CR2E034 (9/99)