

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015290

1. Entity Name
COCCO CORPORATION



FILED
03 SEP 18 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O 521 LAKE AVENUE
SUITE 3
LAKE WORTH, FL 33460

Mailing Address
C/O 521 LAKE AVENUE
SUITE 3
LAKE WORTH, FL 33460

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0748341** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOURNE, ROBERT E JR
C/O 521 LAKE AVENUE
SUITE 3
LAKE WORTH, FL 33460

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$260.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** Delete
NAME **LINDROOS, KARL**
STREET ADDRESS **201 E. OCEAN AVENUE, #7**
CITY-ST-ZIP **LANTANA, FL 33462**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **200023166422**
09/18/03--01020--008 **245.00

TITLE **O** Delete
NAME **JUDEN, LEO**
STREET ADDRESS **201 E. OCEAN AVE. #7**
CITY-ST-ZIP **LANTANA, FL 33462**

TITLE **PST** Change Addition
NAME **Juden, Leo**
STREET ADDRESS **201 East Ocean Ave. #7**
CITY-ST-ZIP **Lantana, FL 33462**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leo Juden, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 588-0095
September 16, 2003
Date Daytime Phone #

CR2E034 (10/02)

Handwritten initials