

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000031854**

1. Entity Name
C.S. COCROFT, JR. & SONS, FISHERIES, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90063 025 ***550.00

0108903 AT

Principal Place of Business
**RT 4, BOX 4985
MONTICELLO FL 32344**

Mailing Address
**RT 4, BOX 4985
MONTICELLO FL 32344**

A0084676



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3437505

Applied For
Not Applicable

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

**COCROFT, C S JR
RT 4, BOX 4985
MONTICELLO FL 32344**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
**D
COCROFT, C S JR
RT 4, BOX 4985
MONTICELLO FL 32344** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01 PSD 6682048

CR2034 (5/01)

Attachment
 # P90003185/
 A0284076

Mail this card to all the people, businesses and publications who send you mail. For publications, tape an old address label over name and old address sections and complete new address. **COMPLETE ADDRESS PORTION ON FRONT OF FORM** with Name, Street Address, City, State and ZIP Code of Individual or Business to whom you are mailing this card.

Your Name	Print or Type—Last Name, First Name, Middle Initial C. S. Cocroft Jr.				
Old Address	No. and Street RFD 4 Box 4985	Apt./Suite No.	P.O. Box	R.D. No.	Rural Box No.
	City and State Monticello, FL	ZIP + 4 Code 32344-			
New Address	No. and Street 1003 Cocroft Rd.	Apt./Suite No.	P.O. Box	R.D. No.	Rural Box No.
	City and State Monticello, FL	ZIP + 4 Code 32344-			
Sign Here	Signature		Date new address in effect		Keyline No. (if any)

PS Form 3576, 11/82

RECEIVER: Be sure to record the above new address in your address book at home or office.

911 - mailing address change

CHANGE OF
 ADDRESS