## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P97000039736 Feb 16, 2000 8:00 am 1. Entity Name JAMES E. COX JR. AND ASSOCIATES INC. **Secretary of State** 02-16-2000 90033 031 \*\*\*150.00 Principal Place of Business Mailing Address 758 S.E. 15TH AVENUE 758 S.E. 15TH AVENUE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-5837 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0752305 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COX. JAMES JR E Street Address (P.O. Box Number is Not Acceptable) 758 SE 15TH AVE DEERFIELD BCH FL 33441 Zip Code FI 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F Addition TITLE Delete COX, JAMES E JR NAME NAME STREET ADDRESS STREET ADDRESS 758 S.E. 15TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** Addition ☐ Change TITLE Delete DIAZ, MARTA E NAME 758 S.E. 15TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 □ Change [] Addition ☐ Delete TITLE TITLE- -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

2/4/00

(954) 426-3472

Daytime Phone #