

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097077

1. Entity Name

COBBLESTONE COURT, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90092 030 ***150.00

Principal Place of Business

2758 CAMDEN ROAD
CLEARWATER FL 33759

Mailing Address

2758 CAMDEN ROAD
CLEARWATER FL 33759-1007

630671



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2596 Nursery Road

3. Mailing Address

← Same

Suite, Apt. #, etc.

Clearwater, FL 33764

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3476215

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

Country

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

BROWDER, DAVID JR
305 S. DUNCAN AVE
CLEARWATER FL 33755

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, 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 PSTD ☐ Delete
NAME ALLEN, MELISSA D
STREET ADDRESS 2758 CAMDEN ROAD
CITY-ST-ZIP CLEARWATER FL 33759

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

TITLE V ☐ Delete
NAME CLAUDIA A ALLEN
STREET ADDRESS 2758 CAMDEN RD
CITY-ST-ZIP CLEARWATER FL 33759

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Claudia Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00 727-535-4026
Date Daytime Phone #

CR2F034 (9/99)