

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90032 049 ***150.00

DOCUMENT # PA7000097817 ✓

1. Entity Name

Cobra Seal Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4891 NW 103rd Avenue

3. Mailing Address

4891 NW 103 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17

17

City & State

City & State

Surprise, FL

Surprise, FL

Zip

Country

Zip

Country

33351

USA

33351

USA

4. FEI Number

650798688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Howell, John P.

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

4891 N.W. 103 Ave. Ste. 17

Ste. 17

City

Surprise

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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.

N/A

SIGNATURE

John P. Howell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/25/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME John P. Howell
STREET ADDRESS 2811 G Road
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John P. Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/02 (954)
748-9191

CR2E034B (12/01)