

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004946

1. Entity Name

COBRA CONCRETE CUTTING, INC.

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90045 021 \*\*\*150.00

Principal Place of Business

Mailing Address

3911 2ND AVE. NORTH  
ST. PETERSBURG FL 33713

3911 2ND AVE. NORTH  
ST. PETERSBURG FL 33702-3730

2. Principal Place of Business

8444 Tobay Rd N  
Suite, Apt. #, etc.

3. Mailing Address

8444 Tobay Rd N  
Suite, Apt. #, etc.

City & State

St Pete, FL

City & State

St Pete, FL

4. FEI Number

59-3483510

☒ Applied For  
☐ Not Applicable

Zip Country  
33702 USA

Zip Country  
33702 USA

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

TINLEY, RICHARD D  
3911 2ND AVE. NORTH  
ST. PETERSBURG FL 33713

Name  
Tinley, Richard D  
Street Address (R.O. Box Number is Not Acceptable)  
8444 Tobay Rd N  
City  
St Pete FL Zip Code  
33702

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	D	<input type="checkbox"/> Delete
NAME	TINLEY, RICHARD D	
STREET ADDRESS	3911 2ND AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAYSON, PEARL E	
STREET ADDRESS	226 44TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tinley, Richard D	
STREET ADDRESS	8444 Tobay Rd N	
CITY-ST-ZIP	St. Pete FL 33702	
TITLE	Tres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)