

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR -9 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12/13/02 01020 014-150.02  
☐ CHECK HERE IF MAKING CHANGES

**DOCUMENT #** P98000022217

**1. Entity Name**  
COTT, INC.



**Principal Place of Business**  
12854 JEBB ISLAND CIRCLE SO.  
JACKSONVILLE FL 32224

**Mailing Address**  
12854 JEBB ISLAND CIRCLE SO.  
JACKSONVILLE FL 32224

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 59-3562045 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LEMMON, STEVEN H  
12854 JEBB ISLAND CIRCLE SO.  
JACKSONVILLE FL 32224

**7. Name and Address of New Registered Agent**

Name Howard A. Caplan, Attorney, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
3900 Atlantic Blvd  
City Jacksonville FL Zip Code 32207

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Howard A. Caplan, President DATE 4-7-03

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	LEMMON, STEVEN H	
STREET ADDRESS	12854 JEBB IS CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEMMON, KAY	
STREET ADDRESS	12854 JEBB ISLAND CIRCLE SO.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: STEVEN H. LEMMON **3-31-03 904-710-5955**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)

2002

COTT, INC.  
12854 Jebb Island Circle So.  
Jacksonville, FL 32224

Division of Corporations  
ATTN: Michelle Melligan  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms. Milligan:

Please apply the payment made on Dec 13<sup>th</sup>, 2002 to the year 2003.

Sincerely

  
Steven H. Lemmon  
President