

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039797

1. Entity Name

COGEN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

202 SOUTH AVENUE  
MEDIA PA 19063

202 SOUTH AVENUE  
MEDIA PA 19063-3121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSE, JOHN M  
727 VILLAGE ROAD  
N. PALM BEACH FL 32303

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 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROUSE, JOHN M	
STREET ADDRESS	727 VILLAGE ROAD	
CITY-ST-ZIP	N. PALM BEACH FL 32303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOUINGHOFF, KENNETH J	
STREET ADDRESS	1309 POPLAR AVE.	
CITY-ST-ZIP	KIRKWOOD NJ 08043	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEISS, DONALD J	
STREET ADDRESS	202 SOUTH AVENUE	
CITY-ST-ZIP	MEDIA PA 19063	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

01-18-2000 90052 016 . 11 0125

TS



DO NOT WRITE IN THIS SPACE

00 FEB 29 AM 11:02

SECRET  
TALLAHASSEE, FLORIDA  
C0004235

FILED