

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90017 032 ***550.00

DOCUMENT # P98000046835

1. Entity Name
HELEN R. COTTOM, P.A.

| | |
|---|--|
| Principal Place of Business CR 109 D-2 LADY LAKE FL 32159 | Mailing Address P.O. BOX 534 LADY LAKE FL 32158-0534 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 127 S HWY 27/441 Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 534 Suite, Apt. #, etc. |
|---|---|

| | | | |
|-------------------------------|------------------------------|-----------------------------|--|
| City & State LADY LAKE, FL | City & State LADY LAKE FL | 4. FEI Number 59-3523056 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32159 | Country LAKE | Zip 32158-0534 | Country FL S.A. |

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

6. Name and Address of Current Registered Agent

COTTOM, HELEN R
8223 CR 109 D-2
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
127 S. HWY 27/441
 City **LADY LAKE** **FL** Zip Code **32159**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | D COTTOM, HELEN R 8223 CR 109 D-2 LADY LAKE FL 32159 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COTTOM, LEONARD I 8223 CR 109 D-2 LADY LAKE FL 32159 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 127 S HWY 27/441 LADY LAKE, FL 32159 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 127 S HWY 27/441 LADY LAKE, FL 32159 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Helen R. Cottom 5-30-00 763-3531
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.F. 034 (9/99)