2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070652

1. Entity Name

COUSINS BULK IN BINS, INC.



May 01, 2003 8:00 am Secretary of State

05-01-2003 90240 043 ***150.00

\$11 A\

Principal Place of Business Mailing Address 10093708 7331 W ATLANTIC AVE 7331 W ATLANTIC AVE DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0856765 Not Applicable _Country_ —Country— \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMARTINO, THEODORA Street Address (P.O. Box Number is Not Acceptable) 7331 W ATLANTIC AVE **DELRAY BEACH FL 33446** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!!_FEE.IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CR2E034 (10/02) TITLE Change Addition ☐ Delete **DEMARTINO, THEODORA** NAME NAME 7326 CORTES LAKES DRIVE STREET ADDRESS 6940 NW 34TH STREET STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP DECRAY BEACH, FU 33 446 TITLE ☐ Delete TITLE Change Addition PURCHIO, LEONA NAME NAME STREET ADDRESS 7231 W ATLANTIC AVE STREET ADDRESS 7326 CORTES LAKES DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** DELRAY BEACH, FL 33446 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE □ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE · 🔲 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: V

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date Daytime Phone #

☐ Change

Addition