

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072806

1. Entity Name

THE COBB LAW FIRM, P.A.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90090 015 ***550.00

Principal Place of Business

5 CLIFFORD DRIVE
SHALIMAR FL 32579

Mailing Address

5 CLIFFORD DRIVE
SHALIMAR FL 32579

2. Principal Place of Business

1255 EGLIN PKWY

Suite, Apt. #, etc.

3. Mailing Address

1255 EGLIN PKWY

Suite, Apt. #, etc.

City & State

SHALIMAR FL

City & State

SHALIMAR FL

Zip

Country

32579 USA

Zip

Country

32579 USA

4. FEI Number

65-0853439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SISCO COBB, KIMBERLY
5 CLIFFORD DRIVE
SHALIMAR FL 32579

Name

KIMBERLY SISCO COBB

Street Address (P.O. Box Number is Not Acceptable)

1255 EGLIN PKWY

City

SHALIMAR

FL

Zip Code

32579

7. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PTDC COBB, STEPHEN G 5 CLIFFORD DR. SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDSM COBB, KEN S 5 CLIFFORD DR. SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC COBB, STEPHEN G. 1255 EGLIN PKWY SHALIMAR FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDSM COBB, KIMBERLY SISCO 1255 EGLIN PKWY SHALIMAR FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

(850) 651-6565

Daytime Phone #

CR20014 (5/00)