CR2F034 (F/01

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State P98000072806 DOCUMENT # 1. Entity Name THE COBB LAW FIRM, P.A. 06-20-2001 90001 012 ***400.00 09-12-2001 90032 021 ***150.00 Principal Place of Business Mailing Address 1255 EGLIN PKWY 1255 EGLIN PKWY SHALIMAR FL 32579 SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0853439 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SISKO COBB. KIMBERLY Street Address (P.O. Box Number is Not Acceptable) 1255 EGLIN PKWY SHALIMAR FL 32579 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PTDC** ☐ Change Addition TITLE ☐ Delete COBB. STEPHEN G NAME NAME STREET ADDRESS 1255 EGLIN PKWY STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition **VDSM** Delete TITLE TITLE Cobb, Kimberly Sisko NAME COBB. KEN-S-NAME 1255 EGLIN PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 32579 CITY-ST-ZIP ____Change ☐ Addition TITLE __ ... - □-Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete 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 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.

RERIMBERLY



AHachment 10085230

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 20, 2001

THE COBB LAW FIRM, P.A. 1255 EGLIN PKWY SHALIMAR, FL 32579

Subject: THE COBB-LAW FIRM, P.A.

Reference

P98000072806

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$400.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$150.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG ANNUAL REPORTS SECTION