## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P98000072883 1. Entity Name COBRA EXPRESS LINE CORPORATION 03-04-2000 90111 042 \*\*\*150.00 Mailing Address Principal Place of Business 13864 TIMBERBROOKE DR 13864 TIMBERBROOKE DR ORLANDO FL 32824 ORLANDO FL 32824-6361 3. Mailing Address 2. Principal Place of Business 2442 Coleco 2642 GRECO DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3529584 OELANdo Not Applicable oelaudo \$8.75 Additional Country 5. Certificate of Status Desired ORAUJE ORAU9E Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLLAZO, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 13864 TIMBERBROOKE DR #101 12642 GRECO ORLANDO FL 32824 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition TITLE TITLE Delete COLLAZO, WILLIAM 12642 GRECO DA NAME NAME STREET ADDRESS 13864 TIMBERBROOKE DR #101 STREET ADDRESS Ollando F1. 32824 CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 12642 GRECO DA COLLAZO, VICTORIA NAME NAME 13864 TIMBERBROOKE DR #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32824 Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-10-7.000

407-856-8379

Addition

Date

Daytime Phone #

☐ Change