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## 20Q1 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

in address, with all other like empowered.

## Mar 26, 2001 8:00 am DOČUMENT # P98000075425 Secretary of State COWBOY INVESTORS, INC. 03-26-2001 90056 027 \*\*\*150.00 Principal Place of Business Mailing Address 4800 CAMINO REAL 4600 CAMINO REAL SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 5002 Coco Plum Way 5002 Coco Plum Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0863124 ۲L. H Sarasota arasota Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired u.s.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Drewer DABREY, THOMAS G Street Address (P.O. Box Number is Not Acceptable) 4600 CAMINO ROAD SARASOTA FL 34231 Soon Coco Plum Way City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. ✓ Addition TITLE ☐ Delete TITLE P. Brewer TURNER, DAVID L NAME NAME COLO Plum Way STREET ADDRESS 4889 FALLCREST CIRCLE STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 TITLE ☐ Delete TITLE Change ☐ Addition DABREY, THOMAS G NAME NAME STREET ADDRESS STREET ADDRESS 4600 CAMINO ROAD CITY-ST-ZIP CITY - ST-7IP SARASOTA FL 34231 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITÝ-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IF 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