

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90542 013 \*\*\*150.00

**DOCUMENT # P98000075425**

1. Entity Name  
**COWBOY INVESTORS, INC.**



Principal Place of Business  
**5002 COCO PLUM WAY  
SARASOTA FL 34241  
US**

Mailing Address  
**5002 COCO PLUM WAY  
SARASOTA FL 34241  
US**

2. Principal Place of Business  
**4600 Camino Real**  
Suite, Apt. #, etc.

3. Mailing Address  
**4600 Camino Real**  
Suite, Apt. #, etc.

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

4. FEI Number **65-0863124**

Applied For  
Not Applicable

Zip Country  
**34231 Sarasota**

Zip Country  
**34231 Sarasota**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BREWER, AMY P  
5002 COCO PLUM WAY  
SARASOTA FL 34241**

**7. Name and Address of New Registered Agent**

Name **Thomas G. Dabney**  
Street Address (P.O. Box Number is Not Acceptable)  
**4600 Camino Real**  
City **Sarasota** FL Zip Code **34231**

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 *Thomas G. Dabney*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/29/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **TURNER, DAVID L**  
CITY-ST-ZIP **4889 FALLCREST CIRCLE  
SARASOTA FL 34233**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **DABNEY, THOMAS G**  
CITY-ST-ZIP **4600 CAMINO ROAD  
SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **M**  
STREET ADDRESS **BREWER, AMY P**  
CITY-ST-ZIP **5002 COCO PLUM WAY  
SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Thomas G. Dabney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/03 941-923-2114**  
Date Daytime Phone #

CR2E034 (10/02)