

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90106 030 \*\*\*150.00

**DOCUMENT # P98000079150**

**1. Entity Name**  
**COCOLAND, INC.**

**Principal Place of Business**

7111 GRAND NATIONAL DR.  
 SUITE 105  
 ORLANDO FL 32819

**Mailing Address**

7111 GRAND NATIONAL DR.  
 SUITE 105  
 ORLANDO FL 32819



**2. Principal Place of Business**

701 SW 33RD AV

**3. Mailing Address**

701 SW 33RD AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

OCALA FLORIDA

**City & State**

OCALA FLORIDA

**4. FEI Number**

59-3567517

**Applied For**

Not Applicable

**Zip**

34474

**Country**

**Zip**

34474

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

ACCOUNTING SERVICES OF ORLANDO, INC.  
 1005 W. OAKRIDGE RD.  
 SUITE #1  
 ORLANDO FL 32809

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

Name **Nelson Altavilla**  
 Street Address (P.O. Box Number is Not Acceptable)  
 701 SW 33RD AV.  
 City **OCALA FLORIDA FL** Zip Code **34474**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00.**  
**After May 1, 2002 Fee will be \$550.00**  
**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 **P** ☐ Delete  
 NAME **ALTAVILLA, NELSON**  
 STREET ADDRESS **7111 GRAND NATIONAL DR., SUITE 105**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **President** ☒ Change ☐ Addition  
 NAME **ALTAVILLA Nelson**  
 STREET ADDRESS **701 SW 33 Ave.**  
 CITY-ST-ZIP **OCALA, FLORIDA 34474**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **ALTAVILLA ANTONIO**  
 STREET ADDRESS **701 SW 33 Ave.**  
 CITY-ST-ZIP **OCALA, FLORIDA 34474**

TITLE **Secretary** ☐ Change ☒ Addition  
 NAME **Wanda Wildman**  
 STREET ADDRESS **9123 Royal Gate Dr**  
 CITY-ST-ZIP **Orlando FL 34786**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.**

**SIGNATURE:** *ALTAVILLA Nelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-02 (352) 867-7222  
 Date Daytime Phone #

CR2E034 (9/01)