

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098417

1. Entity Name
CINDY COKER, P.A.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90013 037 ***150.00

Principal Place of Business
12172 NE JACKSONVILLE RD
ANTHONY FL 32617

Mailing Address
12172 NE JACKSONVILLE RD
ANTHONY FL 32617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3544369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMRUK, ANDREW J
717 E OAK ST
KISSIMMEE FL 34744

Name
CINDY COKER
Street Address (P.O. Box Number is Not Acceptable)
12172 NE Jacksonville Rd

City Anthony FL Zip Code 32617

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 Cindy Coker P.A. CINDY COKER P.A. 4/12/01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME COKER, CINDY
STREET ADDRESS 12172 NE JACKSONVILLE RD
CITY-ST-ZIP ANTHONY FL 32617 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Cindy Coker P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 352-368-7066
Date Daytime Phone #

CR2E034 (10/00)