

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90068 015 \*\*\*150.00

**DOCUMENT # P98000108362**

1. Entity Name  
**COGENT SOLUTIONS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**509 W. HILLSBOROUGH AVE. FLORAHOME FL 32140** **509 W. HILLSBOROUGH AVE. FLORAHOME FL 32140-1534**

2. Principal Place of Business 3. Mailing Address  
*1702 Eagle Watch Dr.* *1702 Eagle Watch Dr.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
*Orange Park, FL* *Orange Park, FL* *59-3548618* Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
*32073 USA 32073 USA*

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**WILLIAMS, GRADY H JR.**  
**1279 KINGSLEY AVE., STE. 117**  
**ORANGE PARK FL 32073**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPURGEON, RICHARD D</b> <b>509 W. HILLSBOROUGH AVE.</b> <b>FLORAHOME FL 32140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Spurgeon, Richard D</b> <b>1702 Eagle Watch Dr.</b> <b>Orange Park, FL 32073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPURGEON, ELIZABETH A</b> <b>509 W. HILLSBOROUGH AVE.</b> <b>FLORAHOME FL 32140</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Spurgeon, Elizabeth A.</b> <b>1702 Eagle Watch Dr.</b> <b>Orange Park, FL 32073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Richard D Spurgeon* **4/9/00** **(904)923-1240**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)