

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012421

1. Entity Name

ED COX, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90052 027 ***550.00

Principal Place of Business

P.O. BOX 6564
KEY WEST FL 33040

Mailing Address

P.O. BOX 6564
KEY WEST FL 33040

00100011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1756 N. Bayshore Dr
Suite, Apt. #, etc.
20 G

3. Mailing Address

P.O. Box 190647
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI BEACH, FL

Zip

33132

Country

USA

Zip

33119

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, ED
524 EATON STREET, STE. 150
KEY WEST FL 33040

1756 N. Bayshore Dr.
Apt. 20 G
Miami, FL 33132

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

Lonnie Edward Cox

08/03/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: PRESIDENT
NAME: Ed Cox
STREET ADDRESS: 1756 N. Bayshore Dr.
CITY-ST-ZIP: MIAMI, FL 33132

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/07/00

305-6733200

CR2E034 (5/00)