

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2001 8:00 am
Secretary of State

09-20-2001 90001 013 ***550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000023358**

1. Entity Name
Cognitive Solutions, Inc.

Principal Place of Business
18601 Avenue Monaco
Lutz, FL 33549

Mailing Address
18601 Avenue Monaco
Lutz, FL 33549

2. Principal Place of Business
4830 W. Kennedy Blvd.

3. Mailing Address
4830 W. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 147

Suite, Apt. #, etc.
Suite 147

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33609

Country
USA

Zip
33609

Country
USA

4. FEI Number
59-3558013

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

James Chester
18601 Avenue Monaco
Lutz, FL 33549

7. Name and Address of New Registered Agent

Name
James Chester

Street Address (P.O. Box Number is Not Acceptable)
4830 W. Kennedy Blvd.

Suite 147

City
Tampa

FL Zip Code
33609

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

James Chester

Signature, typed or printed name of registered agent and file 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 \$550.00
After September 12, 2001 Fee 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, Secty & Treasurer ☐ Delete

NAME
James Chester

STREET ADDRESS
18601 Ave. Monaco, Tampa, FL

CITY-ST-ZIP

TITLE
Vice President ☐ Delete

NAME
Curtis Pope

STREET ADDRESS
4348 Outrigger Lane

CITY-ST-ZIP
Tampa, FL 33615

TITLE
Vice President ☐ Delete

NAME
Casey Weldon

STREET ADDRESS
4309 Place LeManes

CITY-ST-ZIP
Lutz, FL 33549

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President, Secty & Tres. ☐ Change ☐ Addition

NAME
James Chester

STREET ADDRESS
4830 W. Kennedy Blvd., Ste 147

CITY-ST-ZIP
Tampa, FL 33609

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition

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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 the like empowered.

SIGNATURE:

James Chester

CR2E034 (5/01)