

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90076 017 \*\*\*150.00

**DOCUMENT # P99000095568**

1. Entity Name  
**ALAN AND MARILYN COHEN, P.A.**

Principal Place of Business Mailing Address  
~~1086 GOLF VIEW DR.~~ **COHEN** ~~1086 GOLF VIEW DR.~~  
**DUNEDIN FL 34698** **1155 Clays Trail** **DUNEDIN FL 34698**  
**Oldsmar FL 34677**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **COHEN** Suite, Apt. #, etc. **COHEN**  
**1155 Clays Trail** **1155 Clays Trail**  
**Oldsmar FL 34677** **Oldsmar FL 34677**  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3607663** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**COHEN, MARILYN A**  
~~1086 GOLF VIEW DR~~  
~~DUNEDIN FL 34698~~

## 7. Name and Address of New Registered Agent

Name **COHEN MARILYN A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1155 Clays Trail**  
**Oldsmar FL 34677**  
 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 *Marilyn A. Cohen*  
 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	PD	<input type="checkbox"/> Delete
NAME	COHEN, MARILYN A	
STREET ADDRESS	<del>1086 GOLF VIEW DR.</del>	
CITY-ST-ZIP	<del>DUNEDIN FL 34698</del>	
TITLE	DSTV	<input type="checkbox"/> Delete
NAME	COHEN, ALAN H	
STREET ADDRESS	<del>1086 GOLF VIEW DR.</del>	
CITY-ST-ZIP	<del>DUNEDIN FL 34698</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	COHEN MARILYN A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1155 Clays Trail	
STREET ADDRESS	Oldsmar FL 34677	Address
CITY-ST-ZIP		
TITLE	COHEN ALAN H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1155 Clays Trail	
STREET ADDRESS	Oldsmar FL 34677	Address
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marilyn A. Cohen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 727-773-1140  
 Date Daytime Phone #

CR2E034 (9/01)