


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91796 014 \*\*\*150.00

0675448 FP

<b>DOCUMENT #</b> V24705	
<b>1. Entity Name</b> COCKREL & COMPANY	

<b>Principal Place of Business</b> 2131-1 SEMINOLE ROAD ATLANTIC BEACH FL 32233 US	<b>Mailing Address</b> 2131-1 SEMINOLE ROAD ATLANTIC BEACH FL 32233 US
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<b>2. Principal Place of Business</b> 2129 SEMINOLE ROAD Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2129 SEMINOLE ROAD Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> ATLANTIC BEACH, FL	<b>City &amp; State</b> ATLANTIC BEACH, FL
<b>Zip</b> 32233	<b>Zip</b> 32233
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 59-3118371	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  COCKREL, SAM W. 2131-1 SEMINOLE ROAD ATLANTIC BEACH FL 32233
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 2129 SEMINOLE ROAD City ATLANTIC BEACH FL Zip Code 32233
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<b>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. I am familiar with, and accept the obligations of registered agent.</b>  SIGNATURE <i>S.W. Cockrel</i> DATE 4/30/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
0 COCKREL, SAM W. 2533 RIVER ROAD JACKSONVILLE FL 32207	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

<b>SIGNATURE:</b> <i>S.W. Cockrel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>April 30, 2003</i> <small>Date</small>	<i>904/270-2199</i> <small>Daytime Phone #</small>
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CR2E034 (10/02)