

FILED

DOCUMENT # V33805

1. Entity Name

% Chris Cochran  
Insuancee man

00 DEC 11 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Insuancee man

Mailing Address

1024 S. Harbor City Blvd  
Ste D  
Melbourne, FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3121870

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Chris Cochran  
1024 S. Harbor City Blvd  
Melbourne, FL 329

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 fee, 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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Owner/President	<input type="checkbox"/> Delete
NAME	CHRIS A. COCHRAN	
STREET ADDRESS	1024 S. Harbor City Blvd Ste D	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	Owner/Treasurer	<input type="checkbox"/> Delete
NAME	MARILYN DELUCA	
STREET ADDRESS	1024 S. Harbor City Blvd Ste D	
CITY-ST-ZIP	Melbourne, FL 32901	
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		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-01/05/01--01019-015  
\*\*\*\*150.00 \*\*\*\*150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2000 321-951-4467

Date

Daytime Phone #

CR2E034 (5/00)

DO NOT WRITE IN THIS SPACE

WAC Lot C

**THE INSURANCE MAN**  
1024 S. Harbor City Blvd • Suite D  
Melbourne, Florida 32901  
Phone (321) 951-4467/Fax (321) 676-9194

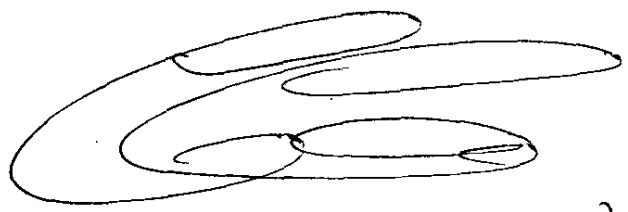
To: whom it may concern:

I never received the  
uniform Business form, Please

grant me a one-time waiver.

Enclosed is my \$150.00.

This has never happen in the  
8 years we have been opened.



Insurance Man  
Chris A. Cochran

TAX ID - 59-3121870