

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69222

1. Entity Name

COWLES & SHAUGHNESSY, P.A.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90371 029 \*\*\*150.00

Principal Place of Business

Mailing Address

901 BLACKSTONE BLDG  
233 E BAY STREET  
JACKSONVILLE FL 32202  
US

901 BLACKSTONE BLDG  
233 E BAY STREET  
JACKSONVILLE FL 32202-3452  
US

2. Principal Place of Business

1930 San Marco Blvd.

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville, FL

Zip  
32207

Country  
US

3. Mailing Address

1930 San Marco Blvd.

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville, FL

Zip  
32207

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3143781

Applied For  
Not Applicable

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

LEPRELL, SAMUEL L.  
1930 SAN MARCO BLVD.  
SUITE 201, ST.MARKS PLACE  
JACKSONVILLE FL 32202

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT COWLES, ROBERT L 233 EAST BAY STREET, STE 901 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SHAUGHNESSY, DANIEL C 233 EAST BAY STREET, STE 901 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT COWLES, ROBERT L. 1930 San Marco Blvd., Suite 203 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SHAUGHNESSY, DANIEL C. 168 OCEANWALK DRIVE SOUTH ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert L. Cowles* President/Director

4-21-2000 (904) 359-8500

CR2E034 (9/99)