

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 644456
 1. Entity Name
BILLCO, INC.



FILED
 04 FEB 12 PM 5:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17049 Falkirk Ave.
 Suite, Apt. #, etc.

3. Mailing Address
17049 Falkirk Ave.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

4. FEI Number
59-2373305

Applied For
 Not Applicable

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

Zip 33954 Country Charlotte Zip 33954 Country Charlotte

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
William P. Cowell

Street Address (P.O. Box Number is Not Acceptable)
17049 Falkirk Ave.

City Port Charlotte FL Zip Code 33954

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.

SIGNATURE W.P. Cowell 10-6-03
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PDT</u> <u>William P. Cowell</u> <u>17049 Falkirk Ave.</u> <u>Port Charlotte, FL 33954</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>800023674178</u> <u>10/09/03--01074--015 **550.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>800023674178</u> <u>10/27/03--01080--012 **200.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>800023674178</u> <u>01/16/04--01065--016 **750.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>02/13/04--01005--015 **185.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>T. Lewis H. 2/04</u>

REINSTATEMENT 98-04

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 on an attachment with an address, with all other like empowered.

SIGNATURE: W.P. Cowell 10-6-03 941-627-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)