

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90032 046 ***150.00



DOCUMENT # **J50283**

1. Entity Name
DAVID COTTLE, P.A.

Principal Place of Business
~~2440 S FEDERAL HWY~~ **2740 SW MARTIN**
~~STUART FL 34994~~ **DOWNS BLVD.**
~~US~~ **#302**
PALM CITY, FL 34990

Mailing Address
~~2440 S FEDERAL HWY~~
STUART FL 34994
~~US~~



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2740 SW MARTIN DOWNS BLVD #302
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
PALM CITY, FL

4. FEI Number **59-2760052**

Applied For
 Not Applicable

Zip

Country

Zip
34990

Country
USA

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

COTTLE, DAVID
~~2440 S FEDERAL HWY~~
~~STUART FL 34994~~

Name
Street Address (P.O. Box Number is Not Acceptable)
2740 SW MARTIN DOWNS BLVD, #302
City **PALM CITY** **FL** Zip Code **34990**

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 *David W. Cottle* **DAVID W. COTTLE** 1/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	COTTLE, DAVID	2440 S FEDERAL HWY	STUART FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		2740 SW Martin Downs Blvd. #302	Palm City, FL 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *David W. Cottle* **DAVID W. COTTLE** 1/29/03 772-781-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)