

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2000 08:00 AM
Secretary of State

DOCUMENT # 324320

1. Entity Name
M. C. COOK PAINTING & DECORATING, INC.

Principal Place of Business 4825 E. DARTMOUTH LANE HERNANDO FL 344423444 US	Mailing Address 4825 E. DARTMOUTH LANE HERNANDO FL 3442-444 US
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2. Principal Place of Business 4825 E. DARTMOUTH LANE Suite, Apt. #, etc.	3. Mailing Address 4825 E. DARTMOUTH LANE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HERNANDO FL	City & State HERNANDO FL	4. FEI Number 59-1198354	Applied For Not Applicable
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Zip 34442	Country US	Zip 34442	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PONDER CHARLES J THE BOOKKEEPER & ASSOC., INC. 2667-B N. FLORIDA AVE HERNANDO FL 34442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE **04/29/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON JAMES W			NAME			
STREET ADDRESS	5511 S. WILL POINT			STREET ADDRESS			
CITY-ST-ZIP	HOMOSASSA FL 34446			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK GEORGIANNA			NAME			
STREET ADDRESS	455 N. CORBIN AVE			STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34453			CITY-ST-ZIP			
TITLE	DPST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK MICHAEL C			NAME			
STREET ADDRESS	4825 E. DARTMOUTH LANE			STREET ADDRESS			
CITY-ST-ZIP	HERNANDO FL 34442			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.