

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90005 024 ***150.00

0334334

DOCUMENT # 386698

1. Entity Name

PHIL MOOK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**1108 W. BRANDON BLVD.
 BRANDON FL 33511**

**1108 W. BRANDON BLVD.
 BRANDON FL 33511**

914927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1362247

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

**MOOK, NANCY
 1108 W. BRANDON BLVD.
 BRANDON FL 33511**

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, 2001 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 **P** ☐ Delete
 NAME **MOOK, NANCY**
 STREET ADDRESS **1603 COTTAGEWOOD DRIVE**
 CITY-ST-ZIP **BRANDON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **MOOK, CHRISTOPHER**
 STREET ADDRESS **404 FERN CLIFF AVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **V** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GORBICS, PAMELA MOOK**
 STREET ADDRESS **1603 COTTAGEWOOD DR.**
 CITY-ST-ZIP **BRANDON FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MOOK, CHRISTOPHER C.**
 STREET ADDRESS **404 FERN CLIFF AVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 32617**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MOOK, JENNIFER L.**
 STREET ADDRESS **823 TIMBER POND DR**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **MOOK, JENNIFER L**
 STREET ADDRESS **823 TIMBERPOND DR**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Nancy M. Mook **NANCY M. MOOK**

Date

Daytime Phone #

1-26-01

813 3681-4841

CR2E034 (10/00)