2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90117 008 ***158.75

P04000073 AV

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1362247 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

Christopher C. Mook

7. Name and Address of New Registered Agent

Name MOOK, CHRISTOPHER

Street Address (P.O. Box Number is Not Acceptable)
1108 W. BRANDON BLVD

City BRANDON FL Zip Code 33511

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 Nancy M. Mook 1-23-02
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, 2002 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	P MOOK,NANCY 1603 COTTAGEWOOD DRIVE BRANDON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VP MOOK, NANCY 1108 W. BRANDON BLVD BRANDON, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MOOK, CHRISTOPHER 404 FERN CLIFF AVE TEMPLE TERRACE FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P MOOK, CHRISTOPHER 404 FERN CLIFF AVE TEMPLE TERRACE, FL 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORBICS, PAMELA MOOK 1603 COTTAGEWOOD DR. BRANDON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOOK, CHRISTOPHER C. 404 FERN CLIFF AVE TEMPLE TERRACE FL 32617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOOK, JENNIFER L. 823 TIMBER POND DR BRANDON FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MOOK, JENNIFER L 823 TIMBERPOND DR BRANDON FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 SIGNATURE REQUIRED 1-23-02 813-681-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #