FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90699 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P00000042780

COOK INTERNATIONAL TRADE & BROKERAGE, INC.



Principal Place of Business Mailing Address 137 NATURES WAY 137 NATURES WAY PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address and the state of Same Suite, Apt. #, etc. Suite, Apt. #, etc. 06 EXECU ☐ CHECK HERE IF MAKING CHANGES 200 EXECUTIVE WAY 4. FEI Number Applied For onte POWTE UEDPA 59-3646593 Not Applicable Country 32082 5. Certificate of Status Desired \$8.75 Additional USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, DANIEL P Street Address (P.O. Box Number is Not Acceptable) 137 NATURES WAY PONTE VEDRA BEACH FL 32082 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition COOK, DANIEL P NAME STREET ADDRESS 137 NATURES WAY 10 San Juan Circle STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-7IP Ponte Vedra Beach, FL 3208 TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/02/03

9045430303

☐ Change

☐ Addition

CR2E034 (10/02)