2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



CIRCLE

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90108 019 ***150.00

I. Entity Name GEORGE COOK, INC.	F00000067622	
Principal Place of Business	Mailing Address	

1630 STERLING OAK LANE CASSELBERRY FL 32707

1630 STERLING OAK LANE CASSELBERRY FL 32707

2. Principal Place of Business 3947 HAYNES CIRCLE	3. Mailing Address 3947 HAYNES
Suite, Apt. #, etc.	Suite, Apt. #, etc.



				☐ CHECK HERE IF MAKING CHANGES			
City & State CASSELBERRY, FL CASSEL			20v 51	4. FEI Number 59-366944	Applied For		
		CHOSELISE	KRY, FL		Not Applicable		
<u> 32707</u>	Country USA	32707	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Nai	me and Address of Curre	ent Registered Agent		7. Name and Address of New I	Registered Agent		
COOK, GEORGE			Name GE	ORGE COOK			
1630 STERLING O	AK LANE		Street Addre	ss (P.O. Box Number is Not Acceptable	ə)		
CASSELBERRY FL 32707		394	3947 HAYNES CIRCLE				
			CityCAS	SELBERRY	FL Zip Code		
The above named en the obligations of reg	ntity submits this statemen pistered agent.	it for the purpose of changing	g its registered office or regi	stered agent, or both, in the State of Flo	orida. I am familiar with, and accept		
SIGNATURE							
	ped or printed name of registered ag	ent and title it applicable.	NOTE: Registered Agent signature req	uired when reinstating)	DATE		
	VIII FEE IS \$150.00	00		9. Election Campaign Fit	nancing \$5.00 May Be		

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

Trust Fund Contribution.

Added to Fees

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10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS	IN 11
TITLE NAME STREET ADORESS CITY-ST-ZIP	D COOK, GEORGE 1630 STERLING OAK LANE CASSELBERRY FL 32707	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
	D Cook George 3947 Haynes Gircle Casselberry, fl 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ C	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		Change	Addition

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 received 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: