

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90009 017 \*\*\*158.75

**D0057913**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** *9950000132490*

**1. Entity Name**  
*Dr INGRID W. COOKE + ASSOC, P.A.*

**Principal Place of Business**  
*6666 NW 90 Terrace  
 Plantation, FL 33324*

**Mailing Address**  
*6666 NW 90 Terrace  
 Plantation, FL 33324*

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**4. FEI Number**  
*59-3495095*

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

**6. Name and Address of Current Registered Agent**  
*Ingrid Whitborne - Cooke  
 6666 NW 90 Terrace  
 Plantation, FL 33324*

**7. Name and Address of New Registered Agent**  
 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, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | <i>President<br/>Ingrid Whitborne - Cooke<br/>6666 NW 90 Terrace<br/>Plantation, FL 33324</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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**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:** *Ingrid Whitborne-Cooke* **Ingrid Whitborne-Cooke** *5/7/00* *(954) 370-3908*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)