

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04581

1. Entity Name

ELLIOTT & COOKE, CERTIFIED PUBLIC ACCOUNTANTS, P

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90024 012 ***150.00

0469254

Principal Place of Business

% JOHN DAVID ELLIOTT
107 WILLING ST. S.E.
MILTON FL 32570

Mailing Address

% JOHN DAVID ELLIOTT
107 WILLING ST. S.E.
MILTON FL 32570

C0022239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5235 WILLING STREET

3. Mailing Address

5235 WILLING STREET

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

MILTON, FL.

City & State

MILTON, FL.

Zip

32570

Country

Zip

32570

Country

4. FEI Number

59-2858398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, JOHN DAVID
107 WILLING ST. S.E.
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5235 WILLING STREET SUITE B

City
MILTON

FL

Zip Code
32570

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

TITLE D ☐ Delete
NAME ELLIOTT, JOHN DAVID
STREET ADDRESS 107 WILLING ST. S.E.
CITY-ST-ZIP MILTON FL

TITLE D ☐ Delete
NAME COOKE, BILLY G.
STREET ADDRESS 107 WILLING ST. S.E.
CITY-ST-ZIP MILTON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5235 WILLING STREET SUITE B
CITY-ST-ZIP MILTON, FL. 32570

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5235 WILLING STREET SUITE B
CITY-ST-ZIP MILTON, FL. 32570

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)