

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 028 ***150.00

DOCUMENT # 450072
1. Entity Name Bill Cook And Associates Inc. ✓

DO NOT WRITE IN THIS SPACE

427473

2. Principal Place of Business
16823 Valencia Blvd
Suite, Apt. #, etc.

3. Mailing Address
16823 Valencia Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Loxahatchee FL

City & State
Loxahatchee FL

4. FEI Number
59-1522319
Applied For
Not Applicable

Zip
33470
Country
USA

Zip
33470
Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William M. Cook
Street Address (P.O. Box Number is Not Acceptable)
16823 Valencia Blvd
City
Loxahatchee FL Zip Code
33470

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>President</u>	NAME <u>William M. Cook</u>	STREET ADDRESS <u>16823 Valencia Blvd</u>	CITY-ST-ZIP <u>Loxahatchee, FL 33470</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE William M. Cook Date 03/08/02 Daytime Phone # 961-793-5029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)