AMEND

05-12-2003 90232 046 ****61.25

477708

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -9 PM 2:55

10104010

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 477708

1. Entity Name

RAY COOKE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3100 SE WAALER ST.	P.O. BOX 64
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL	City & State: STUART, FL
Zip: 34997 Country: US	Zip: 34995 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1622199 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: BERROCAL, CARLOS PA

Street Address (P.O. Box Number Is Not Acceptable): 801 MAPLEWOOD DR.

SUITE 22A

City: JUPITER FL Zip Code: 33458

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 _____ DATE

Signature, typed or printed name of registered agent and title if appropriate. (NOTE: Registered Agent's signature required when name is changed)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT/DIS
NAME	KEIL, DAVID
STREET ADDRESS	3100 SE WAALER ST.
CITY-ST-ZIP	STUART, FL, 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 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 #