

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 561888

1. Entity Name
COOKE REAL ESTATE REFERRALS, INC.

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 028 ***550.00

Principal Place of Business

5355 NINTH STREET N.
ST. PETERSBURG FL 33703

Mailing Address

5355 NINTH STREET N.
ST. PETERSBURG FL 33703

B0126123



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4130-16 Street No

Suite, Apt. #, etc.

3. Mailing Address

4130-16 Street No

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number 59-1826692

Applied For
Not Applicable

Zip 33703

Country USA

Zip 33703

Country USA

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

6. Name and Address of Current Registered Agent

COOKE, JR. F
5355 NINTH STREET, NORTH
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name COOKE, JR. F
Street Address (P.O. Box Number is not Acceptable)
4130-16 Street North
City St. Petersburg FL Zip Code 33703

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.

FRANK L. COOKE, JR.

(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, 2002 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	PDST	<input type="checkbox"/> Delete
NAME	COOKE, FRANK L	
STREET ADDRESS	1 BEACH DRIVE SE #1110	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	COOKE, ELIZABETH C.	
STREET ADDRESS	1 BEACH DRIVE SE #1110	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKE, ELIZABETH	
STREET ADDRESS	1 BEACH DRIVE SE #1110	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

6/24/02

Date

727/528-8800

Daytime Phone #

CR2E034 (9/01)