FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 05, 2002 8:00 am DOCUMENT # 649638 **Secretary of State** 1. Entity Name 02-05-2002 90035 034 \*\*\*158.75 COOK BROTHERS, INC. Principal Place of Business Mailing Address 1255 COMMERCE BLVD. 1255 COMMERCE BLVD. MIDWAY FL 32343 MIDWAY FL 32343 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2071294 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, S LAMONT Street Address (P.O. Box Number is Not Acceptable) 1255 COMMERCE BLVD. MIDWAY FL 32343 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE Change Addition TITLE Delete COOK, S. LAMONT NAME NAME P.O. Box 269 STREET ADDRESS 653 FOREST LAIR... STREET ADDRESS CITY-ST-ZIP 32342 CITY-ST-ZIP TALLAHASSEE FL 32312 Midway, Fl TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME COOK.: L. FINLEY STREET ADDRESS STREET ADDRESS 405 N. 14TH STREET. CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351 ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME WOODWARD, HAYES STREET ADDRESS STREET ADDRESS 50 SAWAND DRIVE CITY-ST-ZIF CITY-ST-ZIP QUINCY FL 32351 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered 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.