

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90255 028 ***150.00

DOCUMENT # **G05466**



1. Entity Name
COOK'S PROFESSIONAL SERVICES, INC.

Principal Place of Business
**% JANET COOK
1949 GROVE AVE.
FT MYERS FL 33901**

Mailing Address
**% JANET COOK
1949 GROVE AVE.
FT MYERS FL 33901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2200854**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, JANET
1949 GROVE AVE.
FT MYERS FL 33901**

Name

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

City

FL

Zip Code

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 *Janet Cook* (NOTE: Registered Agent signature required when reinstating)

(No Changes)

DATE **02-11-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DP**
STREET ADDRESS **COOK, JANET**
CITY-ST-ZIP **1949 GROVE AVE
FORT MYERS FL 33901-7924**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP**
STREET ADDRESS **LINK, ROBIN L**
CITY-ST-ZIP **1949 GROVE AVENUE
FORT MYERS FL 33901-7924**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Cook* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02-11-03**

Daytime Phone # **941-275-7543**

CR2E034 (10/02)