

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H02182

1. Entity Name

COOK MOVING SYSTEMS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90128 021 ***150.00

Principal Place of Business

1091 GANDY BLVD
ST. PETERSBURG FL 33702-9394
US

Mailing Address

1728 SENACA ST
BUFFALO NY 14210-1827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2422634

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNIS HOLLAND
5105 W CLIFTON ST
TAMPA FL 33634

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **REAGAN, BARBARA**
STREET ADDRESS **S. 5294 LAKE SHORE RD.**
CITY-ST-ZIP **HAMBURG NY**

TITLE ☒ Change ☐ Addition
NAME **REAGAN, BARBARA**
STREET ADDRESS **S. 5294 LAKE SHORE RD.**
CITY-ST-ZIP **HAMBURG NY**

TITLE **P** ☒ Delete
NAME **GLENN, ROBERT J**
STREET ADDRESS **1422 HOUNDS HOLLOW CT.**
CITY-ST-ZIP **LUTZ FL**

TITLE ☐ Change ☐ Addition
NAME **GLENN, ROBERT J**
STREET ADDRESS **1422 HOUNDS HOLLOW CT.**
CITY-ST-ZIP **LUTZ FL**

TITLE **T** ☐ Delete
NAME **CONLEY, JOSEPH**
STREET ADDRESS **259 WASHINGTON HWY**
CITY-ST-ZIP **SNYDER NY**

TITLE ☐ Change ☐ Addition
NAME **CONLEY, JOSEPH**
STREET ADDRESS **259 WASHINGTON HWY**
CITY-ST-ZIP **SNYDER NY**

TITLE **S** ☐ Delete
NAME **FIERLE, GREGORY**
STREET ADDRESS **4639 WINDING WOODS**
CITY-ST-ZIP **HAMBURY NY**

TITLE **President** ☒ Change ☐ Addition
NAME **FIERLE, GREGORY**
STREET ADDRESS **4639 WINDING WOODS**
CITY-ST-ZIP **HAMBURY NY**

TITLE **D** ☐ Delete
NAME **FIERLE, DEBRA**
STREET ADDRESS **4639 WINDING WOODS**
CITY-ST-ZIP **HAMBURG NY 14075**

TITLE ☐ Change ☐ Addition
NAME **FIERLE, DEBRA**
STREET ADDRESS **4639 WINDING WOODS**
CITY-ST-ZIP **HAMBURG NY 14075**

TITLE ☐ Delete
NAME **FIERLE, DEBRA**
STREET ADDRESS **4639 WINDING WOODS**
CITY-ST-ZIP **HAMBURG NY 14075**

TITLE **Dennis Holland** ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **2075 ATTACHE CT**
CITY-ST-ZIP **CLAZSWATER, FL**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 716-824-6630

CR2E034 (9/99)