## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # H25053** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** COOK AND SONS CONSTRUCTION, INC. 01-27-2000 90090 021 \*\*\*158.75 Mailing Address Principal Place of Business % DONALD W. COOK % DONALD W. COOK RT. 1. BOX 1440 RT1. BOX 1440 FT. WHITE FL 32038 FT. WHITE FL 32038-9710 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEi Number 59-2461134 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, DONALD W. Street Address (P.O. Box Number is Not Acceptable) RT 1 BOX 1440 FT. WHITE FL 32038 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE COOK, DONALD W. NAME NAME STREET ADDRESS STREET ADDRESS RT. 1, BOX 1440 CITY-ST-ZIP CITY-ST-ZIP FT. WHITE FL ☐ Addition ☐ Change Delete TITLE TITLE COOK, RODNEY NAME STREET ADDRESS STREET ADDRESS RT. 1, BOX 1440 CITY-ST-ZIP CITY-ST-ZIP FT. WHITE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE COOK-DONALD W. NAME ~ NAME STREET ADDRESS STREET ADDRESS P.O. BOX 102,NA CITY-ST-ZIP CITY-ST-ZIP FT. WHITE FL Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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:

JAL 20,2000