

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86680

1. Entity Name
COOKE PROPERTY MANAGEMENT, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91109 016 ***150.00

Principal Place of Business

Mailing Address

% FRANK L. COOKE, JR.
5355 9TH ST., NORTH
ST. PETERSBURG FL 33703

% FRANK L. COOKE, JR.
5355 9TH ST., NORTH
ST. PETERSBURG FL 33703

00045683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State
St. Petersburg, FL

City & State

4. FEI Number 59-2904856

Applied For

Not Applicable

Zip
33703

Country
USA

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

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

Name

Elizabeth C. COOKE

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

1 Beach Drive SE # 1110

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

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

Elizabeth C. Cooke 4/26/2001
(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, 2001 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 PDST
NAME COOKE, FRANK L. ☒ Delete
STREET ADDRESS 1 BEACH DR. SE #1110
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE PDST
NAME COOKE, ELIZABETH C. ☒ Change ☐ Addition
STREET ADDRESS 1 Beach Drive SE # 1110
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elizabeth C. Cooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)