2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P0000015393 1. Entity Name LINDA PLATZ COOK AGENCY, INC. 01-31-2001 90095 035 ***150.00 Principal Place of Business Mailing Address 11480 SANDY RUN 11480 SANDY RUN JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address 340 03 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For <u>00,766</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 22469 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, LINDA PLATZ Street Address (P.O. Box Number is Not Acceptable) 11480 SANDY RUN JUPITER FL 33478 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition COOK, LINDA PLATZ NAME NAME STREET ADDRESS STREET ADDRESS 11480 SANDY RUN CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 TITLE ☐ Delete ☐ Addition TITLE Change 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 TITLE ☐ Delete TITLE -Change-- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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