FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91513 038 ***150.00

DOCUMENT # *P00000025783*

1. Entity Name
COOK CUSTOM HOMES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
149 HAZEL BLVD
Suite, Apt. #, etc.

3. Mailing Address
149 HAZEL BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *SANFORD, FLORIDA*
City & State *SANFORD, FLORIDA*

Zip *32773* Country *SEMINOLE*
Zip *32773* Country *SEMINOLE*

4. FEI Number *59-3628239*
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *BILLY J. COOK*

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

City *SANFORD* FL Zip Code *32773*

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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE *PVST* NAME *BILLY J. COOK* STREET ADDRESS *149 HAZEL BLVD* CITY-ST-ZIP *SANFORD, FLORIDA 32773*	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *BILLY J. COOK PVST*   *4/24/03*   *407-323-6334*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #