

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055895

1. Entity Name
COOKSON, INC.

Principal Place of Business
1517 HUBBARD ST
JACKSONVILLE FL 32206

Mailing Address
1517 HUBBARD ST
JACKSONVILLE FL 32206

2. Principal Place of Business
6607 Elva Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 158
Suite, Apt. #, etc.

City & State
Milton, FLORIDA

City & State
Milton, FLORIDA

4. FEI Number
593650606

Applied For
Not Applicable

Zip
32570

Country
Santa Rosa

Zip
32572

Country
Santa Rosa

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

6. Name and Address of Current Registered Agent

COOK, BRIDGETT S
1517 HUBBARD ST
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name
Bridgette Cook
Street Address (P.O. Box Number is Not Acceptable)
5867 Queens Street
100004618931--1
City
Milton
10/01/01-01094-008
****550.05L****570

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 Bridgette Cook Bridgette Cook 7-13-01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICKSON, CRYSTAL D
4152 STILLWOOD DR
JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOK, BRIDGETT S
1517 HUBBARD ST
JACKSONVILLE FL 32206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICKSON, MARCUS D
4152 STILLWOOD DR
JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOK, PATRICK E SR
1517 HUBBARD ST
JACKSONVILLE FL 32206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CRYSTAL D. NICKSON
6176 BROAD WING CT.
MILTON, FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
BRIDGETT S. COOK
5867 QUEEN ST.
MILTON, FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MARCUS D. NICKSON
6176 BROAD WING CT.
MILTON, FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
PATRICK E. COOK SR.
5867 QUEEN ST.
MILTON, FL 32570 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-01

(850) 983-8829

FILED

01 SEP 25 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)