

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90248 024 \*\*\*150.00

**DOCUMENT # P00000088321**

1. Entity Name **J. & J. COOK, INC.**

Principal Place of Business

Mailing Address

~~978 CLARELLEN DR~~  
~~FT MYERS FL 33919~~

~~978 CLARELLEN DR~~  
~~FT MYERS FL 33919~~

2. Principal Place of Business

**2150 SANTA BARBARA BLVD.**

3. Mailing Address

**2150 SANTA BARBARA BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Naples, Florida**

City & State

**Naples, Florida**

4. FEI Number

**65-1040146**

Applied For

Not Applicable

Zip **34116**

Country **USA**

Zip **34116**

Country **USA**

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

**COOK, JUDITH A**

~~978 CLARELLEN DR~~

~~FT MYERS FL 33919~~

Name

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

**2150 Santa Barbara Blvd.**

City **Naples**

**FL**

Zip Code **34116**

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

*Judith A. Cook*  
 Signature, typed or printed name of registered agent and title if applicable.

**Judith A. Cook - Pres.**

**4/26/02**

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, 2002 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 **D** ☐ Delete  
 NAME **COOK, JOHN G SR**  
 STREET ADDRESS ~~978 CLARELLEN DR~~  
 CITY-ST-ZIP ~~FT MYERS FL 33919~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2150 Santa Barbara Blvd.**  
 CITY-ST-ZIP **Naples, FL 34116**

TITLE **D** ☐ Delete  
 NAME **COOK, JUDITH A**  
 STREET ADDRESS ~~978 CLARELLEN DR~~  
 CITY-ST-ZIP ~~FT MYERS FL 33919~~

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2150 Santa Barbara Blvd.**  
 CITY-ST-ZIP **Naples, FL 34116**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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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:

*Judith A. Cook*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**

Date

**(239) 353 - 8500**

Daytime Phone #

CR2E034 (9/01)