

**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 **~~978 CLARELLEN DR~~  
~~FT MYERS FL 33919~~**  
 Mailing Address **~~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. **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* **Judith A. Cook - Pres.** **4/26/02**  
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.  **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 <b>D</b> <input type="checkbox"/> Delete	NAME <b>COOK, JOHN G SR</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <del><b>978 CLARELLEN DR</b></del>	CITY-ST-ZIP <del><b>FT MYERS FL 33919</b></del>	STREET ADDRESS <b>2150 Santa Barbara Blvd.</b>	CITY-ST-ZIP <b>Naples, Fl 34116</b>
TITLE <b>D</b> <input type="checkbox"/> Delete	NAME <b>COOK, JUDITH A</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <del><b>978 CLARELLEN DR</b></del>	CITY-ST-ZIP <del><b>FT MYERS FL 33919</b></del>	STREET ADDRESS <b>2150 Santa Barbara Blvd.</b>	CITY-ST-ZIP <b>Naples, Fl 34116</b>
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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* **JUDITH A. COOK** **4/26/02** **(239) 353 - 8500**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)