

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90083 009 ***150.00

DOCUMENT # P01000028525

1. Entity Name
ANN COOKE-MANNING CO.

Principal Place of Business

1265 COREY RD
MALABAR FL 32950

Mailing Address

P O BOX 500378
MALABAR FL 32950

2. Principal Place of Business

3830 Dairy Rd

Suite, Apt. #, etc.

3. Mailing Address

3830 Dairy Rd

Suite, Apt. #, etc.

City & State

W. Melb. Fla

Zip

32904

Country

United States

City & State

Same as above

Zip

32904

Country

United States

4. FEI Number

59-7195259

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOKE, JEFFREY
1265 COREY RD
MALABAR FL 32950

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Jeffrey Cooke

Jan 25 2002

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, L DAVID	
STREET ADDRESS	4702 LADAFF DR	
CITY-ST-ZIP	GREENSBOUGH NC 27406	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, WENDY	
STREET ADDRESS	2100 WOOD ST	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE-FLINN, KAREN	
STREET ADDRESS	3134 NAH NAH PLACE	
CITY-ST-ZIP	KIHEI FL 96753	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAINSEL, DIANE	
STREET ADDRESS	3830 DAIRY RD	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, JEFFREY	
STREET ADDRESS	1265 COREY RD	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooke-Flinn Karen	
STREET ADDRESS	La Playa Resort	
CITY-ST-ZIP	9891 Gulf Shore Dr	
	Naples Fla 34108	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hainsel Diane	
STREET ADDRESS	512 A Grant Ave	
CITY-ST-ZIP	Sat Bch Fla 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25 2002

Date

723-0529

7241 9786

Daytime Phone #

CR2E034 (9/01)