

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90138 038 ***550.00

DOCUMENT # P01000070237

1. Entity Name
COOKE AIR CONDITIONING & HEATING, INC.

Principal Place of Business

7727 BAY PINES DR
ZEPHYRHILLS FL 33544

Mailing Address

7727 BAY PINES DR
ZEPHYRHILLS FL 33544

2. Principal Place of Business

7727 BAY PINES DR
Suite, Apt. #, etc.

3. Mailing Address

7727 BAY PINES DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ZEPHYRHILLS FL

Zip
33544

Country
USA

City & State
ZEPHYRHILLS FL

Zip
33544

Country
USA

4. EEL Number
59 3733 097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOKE, WILLIAM
7727 BAY PINES DR
ZEPHYRHILLS FL 33544

7. Name and Address of New Registered Agent

Name
COOKE, WILLIAM
Street Address (P.O. Box Number is Not Acceptable)
7727 BAY PINES DR
City
ZEPHYRHILLS FL 33544

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

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 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
COOKE, WILLIAM
7727 BAY PINES DR
ZEPHYRHILLS FL 33544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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

7-1-02

Date

Daytime Phone #

813-991-4244

CR2E034 (4/02)