

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90202 032 ***158.75

DOCUMENT # P01000097433

1. Entity Name
COOK CONSTRUCTION COMPANY



Principal Place of Business
4842 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884

Mailing Address
4842 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

P.O. Box 1269

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Winter Haven, FL

Zip

Country

Zip
33882

Country
USA

4. FEI Number *77-0023396*

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, WILLIAM V
4842 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **COOK, WILLIAM V**
CITY-ST-ZIP **4842 CYPRESS GARDENS ROAD**
WINTER HAVEN FL 33884

TITLE ☐ Change ☒ Addition
NAME *Y. Sandra L. Cook*
STREET ADDRESS *4842 Cypress Gardens Rd*
CITY-ST-ZIP *Winter Haven, FL 33884*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03
Date

863-324-5344
Daytime Phone #

CR2E034 (10/02)