

**FOR DRAFT OF CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000130726

1. Entity Name

Robert Cooke's Creative Concrete Solutions, Inc.



APPROVED  
AND  
FILED

05 APR 21 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
144 Indian Avenue

3. Mailing Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tavernier, FL

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33070

Country  
United States

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City  
Miami

FL

Zip Code  
33145

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.

300054036363  
05/09/05--01013--009 \*\*150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
|---|--|
| PSTD Robert J. Cooke<br>144 Indian Avenue<br>Tavernier, Florida 33070 |  |
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

*Robert J. Cooke*

Robert J. Cooke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05 852-3148  
305394-4149  
Date  
Telephone #