## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 23, 2008 8:00 am Secretary of State

06-02-2008 90003 027 \*\*\*150 00

1. Entity Name					06-02-2008 90003 027 ***150.00		
COOK FINE ART II	NC						
DO N	IOT WRITE	E IN THI	S SPACE	ı	-		
2. Principal Place of Business 2320 3RD ST S STE 14		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FI	4. FEI Number 5727 Applied For Not Applicable		
JACKSONVILLE BEA	CH, FL Country	Zip	Country			Not Applicable   \$8,75 Additional	
22255		,	1		ertificate of Status Desired	Fee Required	
32230	grapijeviras ir sagalaji Grapijeviras kai kasas ir sas		7.		Address of Current Regi	stered Agent	
		ome .	Nam COOK	LISA J. T	• •	<del>- ·</del> -	
	NITHISSE		Stree 10 SAN	t Address (P JUAN CIRC	.O. Box Number is Not Acc LE	eptable)	
\$\$\$\$P\$\$ 1450 (1914) "\$\$ (3 ) (1917)   (10) (10) \$\$	网络沙马斯特特巴马斯 医肾盂 化氯				<u></u>		
			City PONTE	VEDRA BEA	<sub>ACH</sub> FL	Zip Code 32082	
8. The above named	dentity submits this s	tatement for the I accept the oblig	purpose of changing i pations of registered a	ts registered	office or registered agent,	or both, in the	
SIGNATURE	ure, typed or printed name of	f ranistered areast an	d title Y continue (MOTE	. Besistered Ac-	ont signature required when reinstat		
January 1	-: May 1 Fee is \$150.	.00	title it appricates. (NOTE			ing) DATE	
	ay 1, Fee is \$550.00 ded UBR is \$61.25				ection Campaign Financing ust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check Payabl	e to Florida Departn		Y				
110.	ID OFFICERS A	ND DIRECTORS	11.				
NAME	COOK, LISA J.		NAME	]			
STREET ADDRESS	10 SAN JUAN CIRC		STREET ADD	DRESS			
CITY-ST-ZIP TITLE	PONTE VEDRA BE	ACH, FL 32082	CITY-ST-ZIP			<del></del>	
NAME			NAME	· . }			
STREET ADDRESS			STREET ADD	DRESS			
CITY-ST-ZIP TITLE			CITY-ST-ZIP				
NAME			NAME				
STREET ADDRESS		4.	STREET-ADO	RESS	DO NOT W	/D/TC_	
CITY-ST-ZIP TITLE		<del></del>	CITY-ST-ZIP				
NAME			III NAME		IN THIS SI	PACE	
STREET ADDRESS			STREET ADD	RESS			
CITY-ST-ZIP TITLE			ENCHY ST-ZIP		<u>, 18 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -</u>		
NAME			NAME	;		}	
STREET ADDRESS CITY-ST-ZIP			STREET ADD	RESS		ļ	
TITLE		<u></u> -	TITLE			<del></del>	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADD	RESS			
	ne information supplied w	ith this filing does no	ct qualify for the exemption	stated in Sect	ion 119.07(3)(i), Florida Statutes	i. I further	
certify that the inform	ation indicated on this rep	ort or supplemental	report is true and accurat	e and that my s	signature shall have the same leg	pal effect	
as if made under oath	n; that I am an officer or d	irector of the corpor	ation or the receiver or trus	stee empowere	d to execute this report as requir	ed by	
Chaptel Our, Florida	oreithes, end that my hal	ine abhears in prock	TO OF OH AN AMACHIMENT W	1(11 ati 2001628)	, with all other like empowered.	ļ	
SICNATURE 1	don A Carol	PICA I	COOK		Al2nmann n	04 242 2044	
SIGNATURE: Y (	TURE AND TYPED OR	LISA J. ( PRINTED NAME (	OF SIGNING OFFICER C	R DIRECTOR	4/30/2008 90 Date Da	04 242-2944 sylime Phone #	