2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P23162** Feb 24, 2000 8:00 am 1. Entity Name Secretary of State EDWARD G. COOK ENTERPRISES, INC. 02-24-2000 90017 002 ***150.00 Principal Place of Business Mailing Address 8620 SEACREST DR. 8620 SEACREST DR. VERO BEACH FL 32963 VERO BEACH FL 32963-9602 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 06-1106071 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, EDWARD G. Street Address (P.O. Box Number is Not Acceptable) 8620 SEACREST DR VERO BEACH FL 32963 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 . DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete TITLE Change TITLE COOK, EDWARD G. NAME NAME 8620 SEACREST DR STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE HEANEY, TERENCE K. NAME 216 GODDARD BLVD, STE 1 STREET ADDRESS STREET ADDRESS KING OF PRUSSIA PA CITY-ST-ZIP CITY-ST-ZIP SD Delete Change ☐ Addition TITLE TITLE COOK, ARLENE M. NAME NAME 8620 SEACREST DR STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE SCHWARTZ, JOAN NAME NAME 805 AVON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P LAKE MARY FL ☐ Delete Change ☐ Addition TITLE TITLE COOK, ARLENE M. NAME NAME 8620 SEACREST DR STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.