

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90288 022 \*\*\*150.00

**DOCUMENT # P93000009391**

1. Entity Name

**COOK'S MOBILE HOME REPAIR & ALUMINUM CONSTRUCTION, INC.**

Principal Place of Business

**1390-E COMMERCE BLVD  
 SARASOTA FL 34243  
 US**

Mailing Address

**1390-E COMMERCE BLVD  
 SARASOTA FL 34243  
 US**

2. Principal Place of Business

**7050 15th St East**

3. Mailing Address

**7050 15th St East**

Suite, Apt. #, etc.

**#13**

Suite, Apt. #, etc.

**#13**

City & State

**Sarasota, FL 34243**

City & State

**Sarasota, FL**

Zip

Country

**Sarasota**

Zip

**34243**

Country

**Sarasota**

4. FEI Number

**65-0288061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COOK, ERMAN  
 5107 ERIE RD.  
 PARRISH FL 34219**

7. Name and Address of New Registered Agent

Name

**Erman Cook**

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

**6706 63rd St East**

City

**Palmetto**

**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.

SIGNATURE

*Erman Cook* **ERMAN COOK**

*4/19/02*  
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COOK, ERMAN</b>	
STREET ADDRESS	<b>4373 POMPAO LANE</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>COOK, PAULA J</b>	
STREET ADDRESS	<b>4373 POMPAO LANE</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Erman Cook</b>	
STREET ADDRESS	<b>6706 63rd St East</b>	
CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Paula J Cook</b>	
STREET ADDRESS	<b>6706 63rd St East</b>	
CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Erman Cook* **ERMAN COOK**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)