

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0622745  
AT

05-02-2003 90739 039 \*\*\*158.75

**DOCUMENT # P93000021326**



1. Entity Name  
**ZOOK MOORE AND ASSOCIATES, INC.**

Principal Place of Business  
**901 NORTHPOINT PARKWAY  
STE. 406  
WEST PALM BEACH FL 33407**

Mailing Address  
**P.O. BOX 33068  
RALEIGH NC 27636-3068**



2. Principal Place of Business  
**4431 Embarcadero Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

City & State

4. FEI Number **65-0456689**

Applied For  
Not Applicable

Zip Country  
**33407 USA**

Zip Country

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

**PARENTEAU, ROGER R. X**  
**901 NORTHPOINT PARKWAY**  
**STE. 406**  
**WEST PALM BEACH FL 33407**

Name  
**Roger R. Parenteau**

Street Address (P.O. Box Number is Not Acceptable)  
**4431 Embarcadero Drive**

City State Zip Code  
**West Palm Beach, FL 33407**

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 *Roger R. Parenteau* **Roger R. Parenteau** **4/30/03**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS</b> <b>MOORE, DON R</b> <b>2904-B TAZEWELL PIKE, STE B</b> <b>KNOXVILLE TN 37918</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CVTS</b> <b>PARENTEAU, ROGER R</b> <b>901 NORTHPOINT PARKWAY SUITE 406</b> <b>WEST PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>DONALDSON, JOHN M</b> <b>901 NORTHPOINT PARKWAY, SUITE 406</b> <b>WEST PALM BEACH FL 33407</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MERCER, RICHARD W</b> <b>237 S WESTMONTE DRIVE, SUITE 245</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>ARMSTRONG, JEFFREY D</b> <b>9950 PRINCESS PALM AVE, SUITE 326</b> <b>TAMPA FL 33619</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>RYABIK, RICHARD A</b> <b>901 NORTHPOINT PARKWAY SUITE 406</b> <b>WEST PALM BEACH FL 33407</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PCD</b> <b>Roger R. Parenteau</b> <b>4431 Embarcadero Drive</b> <b>West Palm Beach, FL 33407</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>V</b> <b>William J. Schilling, Jr.</b> <b>8711 Perimeter Park Blvd., Suite 4</b> <b>Jacksonville, FL 32216</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>VST</b> <b>Richard N. Cook</b> <b>3001 Weston Parkway</b> <b>Gary, NC 27513</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard N. Cook* **Richard N. Cook** **4/28/03** **919-677-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)