

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91563 035 \*\*\*150.00

**DOCUMENT #** P93000033177

**1. Entity Name**

Mary Lee Cook, Incorporated ✓

**DO NOT WRITE IN THIS SPACE**

642876

**2. Principal Place of Business**

**3. Mailing Address**

222 W. Ariel Road  
Suite, Apt. #, etc.

222 W. Ariel Road  
Suite, Apt. #, etc.

**City & State**

**City & State**

Edgewater, Florida

Edgewater, Florida

**Zip**

**Country**

**Zip**

**Country**

32141

Volusia

32141

Volusia

**4. FEI Number**

59-3176974

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Mary Lee Cook

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

222 W. Ariel Road

**City**

Edgewater,

**FL**

**Zip Code**  
32141

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)** ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
President/Treasurer  
Mary Lee Cook  
222 W. Ariel Rd.  
Edgewater, FL 32141

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
V/P-Sec  
William H Cook  
222 W. Ariel Rd. Edgewater, FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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IN THIS SPACE**

**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 on an attachment with an address, title or other like empowered.**

**SIGNATURE**

Mary Lee Cook  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**MARY LEE COOK** **PRESIDENT**

**Date** 4/16/2002 **Daytime Phone #** 386-3453793

CR2E034B (12/01)