

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91022 009 ***150.00

DOCUMENT # P93000039221

1. Entity Name

LAW OFFICES JOHN R. COOK P.A.



Principal Place of Business

**202 NW 5TH AVENUE
OKEECHOBEE FL**

Mailing Address

**202 NW 5TH AVENUE
OKEECHOBEE FL**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

805 S.W. PARK ST.

3. Mailing Address

805 S.W. PARK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

65-0422152

Applied For

Not Applicable

Zip

Country

34972

Okeechobee

Zip

Country

34972

Okeechobee

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, JOHN R.

202 N.W. 5TH AVENUE

OKEECHOBEE FL 34972

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ Delete
NAME **PS**
STREET ADDRESS **COOK, JOHN R**
CITY-ST-ZIP **202 NW 5TH AVE
OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
NAME **PS**
STREET ADDRESS **John R. Cook**
CITY-ST-ZIP **805 S.W. PARK ST.
Okeechobee, FL 34972**
ADDRESS ONLY

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **COOK, JAYNE M**
CITY-ST-ZIP **202 NW 5TH AVE
OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
NAME **VT**
STREET ADDRESS **COOK, JAYNE M.**
CITY-ST-ZIP **805 S.W. PARK ST
Okeechobee FL 34972**
ADDRESS ONLY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

3-18-03 9634670297

CR2E034 (10/02)