## **2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #**

## P94000054450

1. Entity Name

COOK CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

## FILED May 28, 2002 8:00 am Secretary of State

05-28-2002 91704 009 \*\*\*158.75

1620 OVERLOOK RD. LONGWOOD FL 32750			1620 OVERLOOK RD. LONGWOOD FL 32750					B0120233							
2. Principal Place of Business  14 Olack Tval  Suite, Apt. #, etc.  3. Mailing Address  44 Olack  Suite, Apt. #, etc.					Atrail			DO NOT WRITE IN THIS SPACE							
City & Stat	wood F		City & State	A		4. FEI Number 59-3256735					Applied For Not Applicable				
3275	U Comptry A		Zip32750	Cour	18/2		5. Certificate of Status Desired 7 Q.				\$8.75 Additional Fee Required				
· <del>-</del> .	6. Name and Address	of Current Re	pistered Agent -		-	٠	-7∴ N	ame and /	ddress of	New Reg	istered A	gent		<u>-</u>	
COOK, S 1620 OV LONGWO		Street Address (P.O. Box Number is Not Acceptable)  City Language  FL Zip Code													
8. The above	named entity submits this	statement for the	purpose of changing its	registor					in the Ctat	o of Florid	:	1 52	<del>7</del> ,0		
8. The above named entity submits this statement for the purpose of changing its registered office or register.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)										e oi riolia	DATE	-1·Q			
9. This corpo Tax filing (See criter	2 Fee	FEE IS \$150.00 Fee will be \$550.00 to Department of Stat				tion Campa t Fund Con		cing _		0 May Be I to Fees	1				
11.		CERS AND DIR		12.		10	ADD	DITIONS/C	HANGES T	O OFFICE		DIRECTOR	S IN 11	١,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, S. CRAIG 1620 OVERLOOK RD. LONGWOOD FL 32750	)	☐ Delete			17/1 COOX-	- - 167 - 142	ig to	gtran H	\ 3275	, 70	Change	Addition	*0/0/ *00L0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				0					☐ Change	☐ Addition	5	
TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP			Delete						· -			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete									☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***		☐ Delete								, , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		t address St-zip			·				☐ Change	☐ Addition	1	
13. I hereby of indicated	ertify that the information su on this report or supplement poration or the receiver or tr	ipplied with this	filing does not qualify for to and accurate and that my	he exen	nption state	ed in Sect ave the sa	ion 11	9.07(3)(i), gal effect a	Florida Sta	tutes. I fur inder oath	ther certi	fy that the ir	formation or director	1	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OAS COLUMN (PA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Daytime Phone #