## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Bonnie

## DOCUMENT # **P95000007213** May 15, 2000 8:00 am Secretary of State COOKS LANDING INC. 05-15-2000 90197 017 \*\*\*150.00 Principal Place of Business Mailing Address 12908 AIR WAY STREET 12908 AIR WAY STREET PANAMA CITY FL 32404-2833 PANAMA CITY FL 32404-2833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3307616 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, JUDITH C Street Address (P.O. Box Number is Not Acceptable) 12908 AIR WAY STREET PANAMA CITY FL 32404-2833 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE YOUNG, DAVID F NAME NAME STREET ADDRESS STREET ADDRESS 12908 AIR WAY CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404-2833 ☐ Addition Change □ Delete TITLE TITLE YOUNG, DAVID F NAME NAME STREET ADDRESS STREET ADDRESS 12908 AIR WAY CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404-2833 ☐ Addition ☐ Delete TITLE Change NAME: YOUNG, JUDITH C NAME 12908 AIR WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404-2833 ☐ Delete TITLE Change ☐ Addition TITLE NAME **HUGHEY. BONNIE J** NAME 18495 S DIXIE HWY, B102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.