

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90044 004 ***150.00

DOCUMENT # P96000008747
 1. Entity Name
TOM COOK, INC.

Principal Place of Business
20 N ORANGE AVENUE. #101
ORLANDO FL 32801
US

Mailing Address
20 N ORANGE AVENUE. #101
101
ORLANDO FL 32801
US



2. Principal Place of Business
450 S. Orange Avenue
 Suite, Apt. #, etc.
Suite 180
 City & State
Orlando, FL

3. Mailing Address
450 S. Orange Avenue
 Suite, Apt. #, etc.
Suite 180
 City & State
Orlando, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3362359** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GLISSON, SHANNON
20 N ORANGE AVE
SUITE 101
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name **Shannon Glisson**
 Street Address (P.O. Box Number is Not Acceptable)
450 S. Orange Avenue
Suite 180
 City **Orlando** **FL** Zip Code **32801**

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 Shannon Glisson DATE 1/9/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST COOK, TOM D 400 E. COLONIAL DR. #510 ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF TOM COOK **TOM COOK** DATE 1/15/02 DAYTIME PHONE # 407-420-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)