

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019090

1. Entity Name
COOKIECO, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90076 031 ***150.00

Principal Place of Business
502 NE 44TH TER.
OCALA FL 34470

Mailing Address
1989 NE 59TH ST
OCALA FL 34479-7146
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3100 S.W. College Rd

3. Mailing Address

Suite, Apt. #, etc.
Ste #154

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State

Zip
34474

Country
Marion

Zip

Country

4. FEI Number 59-3367452

Applied For
Not Applicable

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

TROW, CHESTER J
445 NE 8TH AVE.
OCALA FL 34470

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.

SIGNATURE _____ (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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

☐ Delete

D
TROW, BARBARA J
502 NE 44TH TER.
OCALA FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

P
BROWN, Kyle R
1989 NE 59th street
Ocala, FL 34479-7146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

P
BROWN, KYLE R.
1989 N.E. 59

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 (352) 266-1217
Date Daytime Phone #

CR2E034 (9/99)