

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90050 003 ***150.00

0390984 AV

DOCUMENT # P96000060022
 1. Entity Name
COOK BOYS, INC.

Principal Place of Business
~~1723 NO LAKESIDE DRIVE~~
1752 12TH AVE. N.
 LAKE WORTH FL 33460

Mailing Address
~~1723 NO LAKESIDE DRIVE~~
1752 12TH AVE. N.
 LAKE WORTH FL 33460



2. Principal Place of Business
1752 12TH AVE. N.
 Suite, Apt. #, etc.

3. Mailing Address
1752 12TH AVE. N.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, FL

City & State
Lake Worth, FL

Zip Country
33460 USA

Zip Country
33460 USA

4. FEI Number **65-0674593** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
COOK, TIMOTHY
~~1723 NO LAKESIDE DRIVE~~ **1752 12TH AVE. N.**
 LAKE WORTH FL 33460

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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

TITLE	D <input type="checkbox"/> Delete
NAME	COOK, TIMOTHY
STREET ADDRESS	1723 NO LAKESIDE DRIVE 1752 12TH AVE. N.
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	D <input type="checkbox"/> Delete
NAME	COOK, CONNIE
STREET ADDRESS	1723 NO LAKESIDE DRIVE 1752 12TH AVE. N.
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Timothy Cook **Timothy Cook** 3/26/02 (561) 533-8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)