

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

06-05-2000 90042 035 ***150.00

DOCUMENT # P96000079879

1. Entity Name

COOKE'S SEAFOOD, INC.

Principal Place of Business

Mailing Address

12811 SW SR 24
 CEDAR KEY FL 32625

P.O. BOX **950**
 CEDAR KEY FL 32625-0046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3401492

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

~~CAUSEY, KATHRYN F
 6052 D ST
 P.O. BOX 46
 CEDAR KEY FL 32625~~

~~James Moore & Co
 Kim Hardy
 P.O. Box 166
 Gainesville, FL 32602-1666~~

~~Name: James Moore & Co Kim Hardy - agent
 Street Address (P.O. Box Number is Not Acceptable)
 620 NW 16th Ave (PO Box 166)
 City: Gainesville FL Zip Code: 32602-1666~~

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

Signature, typed or printed name of registered agent and title if applicable

(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	PSD COOKE, RICHARD 12811 SW SR 24 CEDAR KEY FL 32625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAUSEY, KATHRYN F 6052 D ST CEDAR KEY FL 32625	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOOTH, SHIRLEY SR 24 AT WHIDDON CEDAR KEY FL 32625	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty Rose Cooke 20th St 950 Cedar Key FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/00 (352) 5836516

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

081500

DOCUMENT # P96000079879

1. Entity Name

COOKE'S S&D, INC.

(R)

107273

Principal Place of Business

Mailing Address

12292 SW LIVE OAK ST
CEDAR KEY FL 32625

PO Box 950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

COOKE, RICHARD
12292 SW LIVE OAK ST.
PO Box 21
CEDAR KEY FL 32625

Name COOKE, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

12292 SW LIVE OAK ST.

City CEDAR KEY

FL

Zip Code 32625

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-7-00

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 PRES.
NAME COOKE, RICHARD
STREET ADDRESS 12292 SW LIVE OAK ST
CITY-STATE-ZIP CEDAR KEY FL 32625

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE TREASURER
NAME BETTY ROSE COOKE
STREET ADDRESS 4071 D-STREET
CITY-STATE-ZIP CEDAR KEY FL 32625

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CITY-STATE-ZIP

☐ Change ☐ Addition

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SIGNATURE:

RICKY COOKE

8-7-00

Date

352

543-5334

Daytime Phone #

CR2E034 (9/99)