

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90147 038 ***150.00

DOCUMENT # P97000082902

1. Entity Name
ENTROPY UNLIMITED, INC.



Principal Place of Business
**3544 GARDENVIEW WAY
TALLAHASSEE FL 32317**

Mailing Address
**PO BOX 12293
TALLAHASSEE FL 32317**

20021913



2. Principal Place of Business

3544 GARDENVIEW WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

4. FEI Number

59-3470388

Applied For

Not Applicable

Zip

32309

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COOK, JAMES E
3544 GARDENVIEW WAY
TALLAHASSEE FL 32317-2293**

7. Name and Address of New Registered Agent

Name

JAMES E COOK

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

3544 GARDENVIEW WAY

City

TALLAHASSEE

FL

Zip Code

32309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **COOK, JAMES E**
STREET ADDRESS **3544 GARDENVIEW WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

JAMES E COOK

Date

1/19/03 850 894 3465

Daytime Phone #

CR2E034 (10/02)