

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90367 021 ***150.00

0553634 AV

DOCUMENT # P98000058347

1. Entity Name
COOK SIESTA, INC.



Principal Place of Business
**4808 S TAMiami TRAIL
PMB 220
SARASOTA FL 34231**

Mailing Address
**4808 S TAMiami TRAIL
PMB 220
SARASOTA FL 34231**



2. Principal Place of Business

3. Mailing Address

James Cook
5430 Eagles Point Cir. Apt. 302
Sarasota, FL 34231

James Cook
5430 Eagles Point Cir. Apt. 302
Sarasota, FL 34231

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3519966**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, JAMES A. W.
4808 S. TAMiami TRL
PMB 220
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street

City

James Cook
5430 Eagles Point Cir. Apt. 302
Sarasota, FL 34231

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COOK, JAMES A**
CITY-ST-ZIP **4808 S. TAMiami TRL- PMB 220**
SARASOTA FL 34231

TITLE ☒ Change ☐ Addition
NAME **James Cook**
STREET ADDRESS **5430 Eagles Point Cir. Apt. 302**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **James Cook Pres.** **4-27-03** **941-925-9986**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)