## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 29, 2000 8:00 am Secretary of State DOCUMENT # P99000022820 1. Entity Name COOK'S TRUCKING, INC. 02-29-2000 90106 044 \*\*\*150.00 Principal Place of Business Mailing Address 135 WHITFIELD STREET 135 WHITFIELD STREET 713556 MULBERRY FL 33860-8721 FL 33860 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State <u> 59-3563134</u> Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, WILLIE L JR. Street Address (P.O. Box Number is Not Acceptable) - 135 WHITFIELD STREET MULBERRY FL 33860 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (9/99) ☐ Change ☐ Delete TITLE TITLE COOK, WILLIE L JR. NAME NAME STREET ADDRESS STREET ADDRESS 135 WHITFIELD STREET CITY-ST-ZIP CITY-ST-7IP **MULBERRY FL 33860** ☐ <sup>1</sup>Addition Change TITLE Delete TITLE COOK, DORIS L NAME NAME STREET ADDRESS STREET ADDRESS 135 WHITFIELD STREET CITY-ST-ZIP CITY-ST-ZIP. MULBERRY FL 33860 ☐ <sup>I</sup>Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

CICNATURE.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

868/428-1598

Daytime Phone #