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

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

PO BOX 102 FORT WHITE FL 32038

## P99000034849 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

FORT WHITE FL 32083

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

COOK REAL ESTATE INVESTMENTS, INC.

Country

6. Name and Address of Current Registered Agent

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

HOLLINGSWORTH ESTATES BL ,D. LOTS 3 & 4



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90215 037 \*\*\*158.75

Co. WE			
	CHECK HERE IF MAKING CHANGES		
	4. FEI Number FO 0E7E4E0 Applied For		
	59-3575459   Not Applicab		
Country	5. Certificate of Status Desired \$8.75 Additional		

7. Name and Address of New Registered Agent

HOLLINGSWORTH ESTATES BLOCK D, LOTS 3 & 4	Street Address (P.O. Box Number is Not Acceptable)		
FORT WHITE FL 32083			
	City	FL Zip Code	
. The above named entity submits this statement for the purpose of charters of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and a	accept

(NOTE: Registered Agent signature required when reinstating)

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.

DATE

\$5.00 May Be Added to Fees

Fee Required

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Addition COOK, DONALD W JR. NAME NAME STREET ADDRESS PO BOX 102 STREET ADDRESS CITY-ST-ZIP FT. WHITE FL 32038 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

EQUIDENTIA W. Cook Jr April 9, 2003 386-497-1086