

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91327 026 \*\*\*150.00

**DOCUMENT # P99000038923**

1. Entity Name

**SRQ PROPERTY MANAGEMENT, INC.**

Principal Place of Business

**6320 15TH STREET EAST  
 SARASOTA FL 34243**

Mailing Address

**6320 15TH STREET EAST  
 SARASOTA FL 34243**

2. Principal Place of Business

Suite, Apt. #, etc.

**6320 15TH A.E. SUITE A1**

City & State

**SARASOTA, FL**

Zip

**34243**

Country

**MANATEE**

3. Mailing Address

Suite, Apt. #, etc.

**6320 15TH A.E. SUITE A1**

City & State

**SARASOTA, FL**

Zip

**34243**

Country

**MANATEE**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0915840**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**COOK, THOMAS W  
 4416 MANGROVE POINT RD  
 BRADENTON FL 34210**

7. Name and Address of New Registered Agent

Name

**COOK, THOMAS W**

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

**1744 AMBERWYND CIR**

City

**PALMETTO**

FL

Zip Code

**34221-5630**

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

*Thomas W Cook*

**THOMAS W COOK**

**2/21/02**

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, THOMAS W	
STREET ADDRESS	4416 MANGROVE POINT RD.	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, GAIL S	
STREET ADDRESS	4416 MANGROVE POINT RD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SIPE, WAYNE PATRICK	
STREET ADDRESS	4009 11TH ST CT W #14	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, GAIL S	
STREET ADDRESS	1744 AMBERWYND CIR	
CITY-ST-ZIP	PALMETTO, FL 34221-5630	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, THOMAS W	
STREET ADDRESS	1744 AMBERWYND CIR	
CITY-ST-ZIP	PALMETTO, FL 34221-5630	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Thomas W Cook*

**THOMAS W COOK**

Date

Daytime Phone #

CR2E034 (9/01)