

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90074 008 ***150.00

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DOCUMENT # P99000058227

1. Entity Name
COOKINTERNET, INC.

Principal Place of Business Mailing Address
415 SIGNORELLI DRIVE **415 SIGNORELLI DRIVE**
NOKOMIS FL 34275 **NOKOMIS FL 34275**

739543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1239 S. TAMiami TRAIL **1239 S. TAMiami TRAIL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
SARASOTA, FLORIDA **SARASOTA, FLORIDA** **65-0933858** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34239-2219 **SARASOTA** **34239-2219** **SARASOTA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

COOK, JONATHAN K
415 SIGNORELLI DRIVE
NOKOMIS FL 34275

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing the name of the registered agent, or both, in the State of Florida.
JONATHAN K COOK
 SIGNATURE *Jonathan K. Cook* **PRESIDENT & CEO** **4/6/2001**
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COOK, JONATHAN K 415 SIGNORELLI DR NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Jonathan K. Cook* **JONATHAN K. COOK** **4/6/2001** **(941) 954-4611**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)