

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90734 041 ***150.00

DOCUMENT # **PP9000074861**

1. Entity Name

Zook's Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ZOOKS

Suite, Apt. #, etc.

11760 5/2 Dixie Hwy

City & State

Hobe Sound FL

Zip

33455

Country

USA

3. Mailing Address

11760 5/2 Dixie Hwy

Suite, Apt. #, etc.

City & State

Zip

33455

Country

USA

80061660

DO NOT WRITE IN THIS SPACE

4. FEI Number

53-00-026273-55-4

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeff Greatare

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

13703 Hobe Hills Dr.

Hobe Sound, FL

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Jeff Greatare

(NOTE: Registered Agent signature required when reinstating)

4/1/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Jeff Greatare
President

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Greatare

4/1/02

Date

Daytime Phone #

CR2E034B (12/01)