

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** H55044

1. Entity Name

**COPPOLA PLASTERING, INC.**

Principal Place of Business	Mailing Address
5015 SW LUDLAM ST. 5015 SW LUDLAM ST. PALM CITY, FL 34990 USA	5015 SW LUDLAM ST. 5015 SW LUDLAM ST. PALM CITY, FL 34990 USA

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	Applied For
59-2533723	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

JAMES COPPOLA 5015 SW LUDLAM ST. PALM CITY, FL 33442-0028	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 its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES COPPOLA	NAME	
STREET ADDRESS	5015 SW LUDLAM ST.	STREET ADDRESS	200004481212
CITY - ST - ZIP	PALM CITY, FL 34990	CITY - ST - ZIP	-07/17/01--01083--002
TITLE	SECRETARY/TREASURER <input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE DAVENPORT	NAME	JOE DAVENPORT
STREET ADDRESS	4397 SW 83RD ST.	STREET ADDRESS	4397 SW 83RD ST.
CITY - ST - ZIP	WEST PALM BEACH, FL 34990	CITY - ST - ZIP	WEST PALM BEACH, FL 34490
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ANTHONY COPPOLA
STREET ADDRESS		STREET ADDRESS	5015 SW LUDLAM ST.
CITY - ST - ZIP		CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 in an attachment with an address, with all other like empowered.

**SIGNATURE:** *James M. Coppola* JAMES COPPOLA 05/08/01 954-969-8786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
01 MAY 22 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR20034 (11/00)