

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91130 036 ***150.00

DOCUMENT # P01000067589

1. Entity Name
COOPER TILE & MARBLE CORP.

Principal Place of Business

**4001 SANTA BARBARA
 NAPLES FL 34104**

Mailing Address

**4001 SANTA BARBARA
 NAPLES FL 34104**

2. Principal Place of Business

4035 Tanglewood E

Suite, Apt. #, etc.

547

3. Mailing Address

4035 Tanglewood E

Suite, Apt. #, etc.

547

City & State

Palm Bch Gardens FL

City & State

Palm Bch Gardens

4. FEI Number

593746204

Applied For
 Not Applicable

Zip
33410

Country
USA

Zip
FL

Country
33410

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, STEVEN
 4001 SANTA BARBARA
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **James Cooper**
Street Address (P.O. Box Number is Not Acceptable)
4035 Tanglewood east Suite 547
Palm Beach Gardens
City **FL** **Zip Code** **33410**

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 *James Cooper*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/02

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 **PD** ☐ Delete
NAME **COOPER, JAMES**
STREET ADDRESS **4001 SANTA BARBARA**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Cooper James**
STREET ADDRESS **4035 Tanglewood E**
CITY-ST-ZIP **547 Palm Bch Gardens FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

James Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 **561-436-8453**
 Date Daytime Phone #

CR2E034 (9/01)