2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Amended
04 MAY 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082110

1. Entity Name

Cooper & Sauceda Moving Co. Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5620 Palmer Blvd	5620 Palmer Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota FL
Zip: 34232 Country: Sarasota	Zip: 34232 Country: Sarasota

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1972103 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David Sauceda

Street Address (P.O. Box Number is Not Acceptable): 3079 Irving St.

City: Sarasota FL Zip Code: 34237

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 5-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President	TITLE:
NAME: Michael S. Cooper	NAME:
STREET ADDRESS: 1671 Summer Breeze Way	STREET ADDRESS:
CITY-ST-ZIP: Sarasota FL 34232	CITY-ST-ZIP: 500037622135 06/03/04--01018--010 **61.25
TITLE: Senior Vice President	TITLE:
NAME: David Sauceda	NAME:
STREET ADDRESS: 3079 Irving St	STREET ADDRESS:
CITY-ST-ZIP: Sarasota FL 34237	CITY-ST-ZIP:
TITLE: Vice President	TITLE:
NAME: Kelley S. Cooper	NAME:
STREET ADDRESS: 1671 Summer Breeze Way	STREET ADDRESS:
CITY-ST-ZIP: Sarasota FL 34232	CITY-ST-ZIP: **DO NOT WRITE**
TITLE: Vice President	TITLE: **IN THIS SPACE**
NAME: Edward Sauceda	NAME:
STREET ADDRESS: 1407 30nd St.	STREET ADDRESS:
CITY-ST-ZIP: Sarasota FL 34234	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/14/04 941-371-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #