

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 278073

1. Entity Name

COOPER & JONES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90112 022 ***150.00

Principal Place of Business

801 N MAGNOLIA AVE
SUITE 302
ORLANDO FL 32803
US

Mailing Address

801 N MAGNOLIA AVE
SUITE 302
ORLANDO FL 32803-3843
US

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 59-1031712

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, E. AUSTIN, JR.

~~749 N. GARLAND AVE.~~

~~ORLANDO FL 32801~~

Name

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

801 N. Magnolia Ave #302

City Orlando

FL

Zip Code 32803

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD
NAME JONES, AUSTIN E, JR
STREET ADDRESS P.O. BOX 2028
CITY-ST-ZIP ORLANDO FL 32802 ☐ Delete

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

TITLE ST
NAME JONES, LAURA D
STREET ADDRESS P.O. BOX 2028
CITY-ST-ZIP ORLANDO FL 32802 ☐ Delete

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

80099823



DO NOT WRITE IN THIS SPACE

CR2E034 19/99