

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 278073

1. Entity Name

COOPER & JONES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90091 016 ***150.00

Principal Place of Business

Mailing Address

~~801 N MAGNOLIA AVE~~
~~SUITE 302~~
~~ORLANDO FL 32803~~
US

~~801 N MAGNOLIA AVE~~
~~SUITE 302~~
~~ORLANDO FL 32803~~
US

00030085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

425 W Colonial Dr.

3. Mailing Address

425 W Colonial Dr.

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-1031712

Applied For

Not Applicable

Zip

32804

Country

Zip

32804

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, E. AUSTIN, JR.
801 N MAGNOLIA AVE
~~#302~~
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

425 W Colonial Dr. # 103

City

Orlando

FL

Zip Code

32804

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

E. Austin Jones

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

(NOTE: Registered Agent signature required when reinstating)

2/22/01

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, 2001 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
NAME JONES, AUSTIN E, JR
STREET ADDRESS P.O. BOX 2028
CITY-ST-ZIP ORLANDO FL 32802 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

E. Austin Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01 407-843-7802

Date

Daytime Phone #

CR2E034 (10/00)