

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90089 043 ***150.00

DOCUMENT # 440158

1. Entity Name

CO-OP STATIONS, INC.

Principal Place of Business

Mailing Address

7164 PEBBLE BEACH LANE
 SEMINOLE FL 34647

PO BOX 20492
 ST PETERSBURG FL 33742-0492
 US

ADU 1.1.1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1621262

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDRIULI, ANTHONY
7164 PEBBLE BEACH LANE
SEMINOLE FL 34647

Name

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

City

FL

Zip Code

33777

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	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDRIULI, SUSAN P	
STREET ADDRESS	7164 PEBBLE BEACH LANE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ANDRIULI, SUSAN P	
STREET ADDRESS	7164 PEBBLE BEACH LANE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDRIULI, ANTHONY	
STREET ADDRESS	7164 PEBBLE BEACH LANE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dismas Andriuli	
STREET ADDRESS	7164-Pebble Beach Lane	
CITY-ST-ZIP	Seminole, FL. 33777	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dismas Andriuli	
STREET ADDRESS	7164-Pebble Beach Ln.	
CITY-ST-ZIP	Seminole, FL. 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:

Anthony Andriuli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

Anthony Andriuli, 1/5/00 (727) 541-7876
 Date Daytime Phone #

CRFEN034 (9/99)