## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # 517780** 1. Entity Name COOPER APPLIANCES AND SERVICE, INC. 03-06-2001 90320 013 \*\*\*150.00 Principal Place of Business Mailing Address 3600 NW BOCA RATON BLVD 3600 NW BOCA RATON BLVD 1710 1710 **BOCA RATON FL 33431 BOCA RATON FL 33431** C0031030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1709156 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRINGTON, GREGORY Street Address (P.O. Box Number is Not Acceptable) 728 Osceola Ur 2260 BETHEL BLVD **BOCA RATON FL 33486** Boxa Raton, FL Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITI F ☐ Addition CR2E034 (10/00 Change FARRINGTON, GREGORY NAME NAME STREET ADDRESS 728 OSCEOLA DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY ST-ZIP ☐ Delete ☐ Addition TITLE fle Change NAME AME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UTY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AD CHTY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 en address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.