## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Feb 28, 2001 8:00 am **DOCUMENT # 539306 Secretary of State** 1. Entity Name THE COOPER COMPANY, INC. 02-28-2001 90056 043 \*\*\*150.00 Principal Place of Business Mailing Address 93 BAY BRIDGE PO BOX 726 PO BOX 726 PO BOX 726 GULF BREEZE FL 32561 **GULF BREEZE FL 32562** 924858US 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 59-1757320 Not Applicable Zip Country Country 7ip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 212 CORDOBA STREET **GULF BREEZE FL 32561** City Zip Code F 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSTD** ☐ Delete TITLE Change Addition TITI F COOPER, STEPHEN E NAME NAME STREET ADDRESS 212 CORDOBA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** Addition Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Delete

SIGNATURE:-SIGNATURE AND TYPED OR PRINTED NAME OF SWING OFFICER OR DIRECTOR

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

February 22, 2001

850-932-5005

Daytime Phone #

Change

☐ Change

Addition

Addition

CR2E034 (10/00)