## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 601244** Feb 16, 2000 8:00 am COOPER, BAILEY, & FRASER, D.D.S., P.A. **Secretary of State** 02-16-2000 90116 028 \*\*\*150.00 Mailing Address Principal Place of Business 5651 CORPORATE WAY 5651 CORPORATE WAY WEST PALM BEACH FL 33407-2001 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1265662 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, RICHARD G. Street Address (P.O. Box Number is Not Acceptable) 5651 CORPORATE WAY **WEST PALM BEACH FL 33407** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITI F Change ☐ Addition Delete TITLE COOPER, RICHARD G. NAME NAME STREET ADDRESS 5651 CORPORATE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE BAILEY, WILLIAM S. NAME 5651 CORPORATE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE FRASER, THOMAS R NAME NAME 5651 CORPORATE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP Change ☐ Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 #