FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2001 8:00 am DOCUMENT # 652753 **Secretary of State** COOPER ENTERPRISES, INC. 02-20-2001 90030 050 ***150.00 Principal Place of Business Mailing Address P.O. BOX 97-6069 PO BOX 97-6069 1498 SE COVE RD 1498 SE COVE RD STUART FL 34997 STUART FL 34997 US 2. Principal Place of Business 3. Mailing Address 7000 SW GATOY 7000 SW GAtor Trl Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1961863 alm Not Applicable Country \$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, GARY Street Address (P.O. Box Number is Not Acceptable) 1498 SE COVE RD 7000 SW GATOR TRAIL STUART FL 34997 City 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) 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 12. TITLE ☐ Delete TITLE Gary Cooper 7000 SW GATOR TOL COOPER, GARY NAME NAMÉ STREET ADDRESS STREET ADDRESS 1498 SE COVE ROAD CITY-ST-ZIP CITY-ST-ZIP STUART FL Palm City, El 34997 ☐ Change ☐ Addition Delete TITLE TITLE COOPER, EARL NAME NAME STREET ADDRESS STREET ADDRESS 2882 SW MONARCH TRAIL CITY-ST-ZIP. CITY-ST-ZIP STUART-FL _____ TITLE Delete TITLE ■ Addition NAME NAME COOPER, JEAN Jean Cooper 7000 SW Gator Trl STREET ADDRESS STREET ADDRESS 1498 SE COVE RD CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 HAME OF SIGNING OFFICER OR DIRECTOR

2/15/0

57,1-287-7402

Daytime Phone #