

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90187 037 \*\*\*550.00

0609024 AV

**DOCUMENT # 652753**

1. Entity Name  
**COOPER ENTERPRISES, INC.**



Principal Place of Business  
**7000 SW GATOR TRL  
PALM CITY FL 34980-  
US**

Mailing Address  
**7000 SW GATOR TRL  
PALM CITY FL 34980  
US**



2. Principal Place of Business  
**1301 Dacker Ave**

3. Mailing Address  
**PO Box 1398**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Stuart, FL**

City & State  
**Stuart FL**

4. FEI Number  
**59-1961863**

Applied For  
Not Applicable

Zip  
**34994**

Country  
**Martin**

Zip  
**34995**

Country  
**Martin**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent.

**COOPER, GARY  
7000 SW GATOR TRAIL  
PALM CITY FL 34990**

## 7. Name and Address of New Registered Agent

Name  
**Earl Cooper**  
Street Address (P.O. Box Number is Not Acceptable)  
**1301 Dacker Ave**  
City  
**Stuart** **FL** **34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Earl Cooper**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/12/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COOPER, GARY</b> <b>7000 SW GATOR TRL</b> <b>PALM CITY FL 34997</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COOPER, EARL</b> <b>2882 SW MONARCH TRAIL</b> <b>STUART FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>COOPER, JEAN</b> <b>7000 SW GATOR TRL</b> <b>PALM CITY FL 34990</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TP</b> <b>EARL Cooper</b> <b>2882 SW Monarch Trail</b> <b>Stuart, FL 34997</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Michael Cooper</b> <b>69 SW Blackburn Ter # 11</b> <b>Stuart, FL 34997</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd VP</b> <b>mark Cooper</b> <b>1046 SW Blue water way</b> <b>Stuart, FL 34997</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Off</b> <b>Stephen Cooper</b> <b>1587 SW Buckskin Trail</b> <b>Stuart, FL 34997</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas.</b> <b>Stewart Cooper</b> <b>2930 SW 282nd street</b> <b>Newberry, FL 32669</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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**

**5/12/03**  
Date

Daytime Phone #

CR2E034 (10/02)