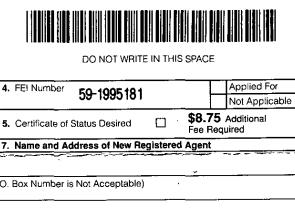
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # F35760** 1. Entity Name RANDY COOPER CUSTOM HOMES, INC. Principal Place of Business Mailing Address 5 WISCONSIN AVE · WISCONSIN AVE 57. CLOUD FL 34769 ST. CLOUD FL 34769-2251 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FE! Number City & State 59-1995181 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name COOPER, RANDALL V Street Address (P.O. Box Number is Not Acceptable) **5 WISCONSIN AVE** ST. CLOUD FL 34769 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

FILED Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90047 006 ***150.00



Zip Code

FL

	Signature, typed or printed name of registr	ered agent and titl	e if applicable. (NOT	E: Registered Agent signature requi	ired when rei	instating)	DATE		
Tax filing r	oration is eligible to satisfy its Ir equirement and elects to do so ria on back)		After MAY 1, 20	!!! FEE \$ \$150.00 000 Fee will be \$550.00 ble to Department of S		Election Campaign Financi Trust Fund Contribution.	ng [May Be to Fees
11.	OFFICE	RS AND DIRE	CTORS	12.	ADI	DITIONS/CHANGES TO OFFICER	S AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, RANDALL V 5 WISCONSIN AVE ST. CLOUD FL 34769		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOPER, ELIZABETH AN 5 WISCONSIN AVE ST CLOUD FL 34769	N	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE	and and a second		~⇒ □ Delete -	NAME STREET ADDRESS CITY-ST-ZIP		and the second of the second o	\$ 44	☐ Change —	🖾 Addition.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· 			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	_	Change	Addition
indicated of the cor	on this report or supplemental	report is true ee empower	and accurate and that red to execute this report	my signature shall have th as required by Chapter 6	ne same li	119.07(3)(i), Florida Statutes. I furt egal effect as if made under oath; da Statutes; and that my name app	that I a	am an officer i	or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG Randall V. Cooper