

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005648

1. Entity Name

THE COOPER FACTOR, INC.

Principal Place of Business

Mailing Address

2036 IMPERIAL CIRCLE
NAPLES FL 34110
US
1580 WHITE OAK DR
STE 285
CHASKA MN 55318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COOPER, HARRIS
2036 IMPERIAL CIRCLE
NAPLES, FL 34110

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change Addition

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 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

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90033 016 ***150.00



DO NOT WRITE IN THIS SPACE

0607833 AT

CR2E034 (9/01)