

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000867

1. Entity Name

COOPER AUTOMOTIVE EQUIPMENT, INC.

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

01-28-2000 90122 023 ***150.00

Principal Place of Business

Mailing Address

49 HIGHLAND OAKS CT N.
ST. MARYS GA 31558

49 HIGHLAND OAKS CT N.
ST. MARYS GA 32216-5928

00010170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5008-1 RICHARD LANE

3. Mailing Address

5008-1 RICHARD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

4. FEI Number

58-2043308

Applied For

Not Applicable

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, NORMA
5008-A RICHARD LANE
JACKSONVILLE FL 32216

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, MICHAEL D SR	
STREET ADDRESS	49 HIGHLAND OAKS CT N.	
CITY-ST-ZIP	ST. MARYS GA 31558	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, NORMA J	
STREET ADDRESS	49 HIGHLAND OAKS CT N.	
CITY-ST-ZIP	ST. MARYS GA 31558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13810 SUTTON PARK DR. N. #929	
CITY-ST-ZIP	JACKSONVILLE, FL. 32224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13810 SUTTON PARK DR. N. #929	
CITY-ST-ZIP	JACKSONVILLE, FL. 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

NORMA J. WILSON
NORMA J. WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 904-821-9022
Date Daytime Phone #

CR2E034 (9/99)