

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90308 018 ***150.00

DOCUMENT # H17609

1. Entity Name
COOPERATIVE CONSTRUCTION CORPORATION, INC.

Principal Place of Business

21 BELVEDERE LANE
PALM COAST FL 32137
US

Mailing Address

P. O. BOX 350927
PALM COAST FL 32135-0927
US

2. Principal Place of Business

47 S. Old Dixie Hwy
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bunnell, FL

City & State

4. FEI Number

59-2462358

Applied For

Not Applicable

Zip

32110

Country

Flagler

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROGAN, SANDRA J.
21 BELVEDERE LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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 **P** ☐ Delete
NAME **BROGAN, KENNETH**
STREET ADDRESS **21 BELVEDERE LANE**
CITY-ST-ZIP **PALM COAST FL**

TITLE **VTS** ☐ Delete
NAME **BROGAN, SANDRA**
STREET ADDRESS **21 BELVEDERE LANE**
CITY-ST-ZIP **PALM COAST FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Brogan, Kenneth**
STREET ADDRESS **P.O. Box 350927**
CITY-ST-ZIP **Palm Coast, FL 32135**

TITLE **VTS** ☒ Change ☐ Addition
NAME **Brogan, Sandra**
STREET ADDRESS **P.O. Box 350927**
CITY-ST-ZIP **Palm Coast, FL 32135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 386 437-1123

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CR2E034 (9/01)