

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90570 048 ***150.00

DOCUMENT # K52511

1. Entity Name
J.L. COOPER, INC.

Principal Place of Business

**4002 BULA LN.
 NORTH PORT FL 34287**

Mailing Address

**P.O. BOX 7712
 NORTH PORT FL 34287**

00000003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5398 Kenvil Drive

3. Mailing Address

P.O. Box 7842

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, Florida

City & State

North Port, Florida

4. FEI Number

65-0197379

Applied For

Not Applicable

Zip

34287

Country

USA

Zip

34287

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HAMSHER, DONALD W JR.
 84 PINEHURST COURT
 ROTONDA WEST FL 33947**

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 **HAMSHER, DONALD W JR.**
 STREET ADDRESS **84 PINEHURST COURT**
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **VP** ☐ Delete
 NAME **HAMSHER, MARK E**
 STREET ADDRESS **2004 REDBRIDGE DRIVE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **ST** ☐ Delete
 NAME **HAMSHER, LISA J**
 STREET ADDRESS **84 PINEHURST COURT**
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **834 Ponderosa Road**
 CITY-ST-ZIP **Yenice, Florida 34293**

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:

Lisa J. Hamsher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2002 941-426-0671

Date Daytime Phone #

CR2E034 (9/01)