

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009751

1. Entity Name

LEA COOPER INVESTMENTS LLC

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90076 040 ****50.00

Principal Place of Business

813 ORIENTA AVENUE
ALTAMONTE SPRINGS FL 32701

Mailing Address

813 ORIENTA AVENUE
ALTAMONTE SPRINGS FL 32701

956511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

124 Live Oaks Blvd.
Suite, Apt. #, etc.

3. Mailing Address

124 Live Oaks Blvd.
Suite, Apt. #, etc.

City & State

Casselberry, FL
Zip 32707 Country USA

City & State

Casselberry, FL
Zip 32707 Country USA

4. FEI Number

59-3664237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKINNER, TONYA D
1343 ALBERTA DRIVE
WINTER PARK FL 32789

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE D
NAME SKINNER, TONYA D
STREET ADDRESS 1343 ALBERTA DRIVE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Tonya D. Skinner 4/23/02 407 647-3773