2001 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2001 8:00 am Secretary of State DOCUMENT # P0000097991 06-04-2001 90010 003 ***558.75 COPE CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 2815 WILLOW OAK DRIVE 2815 WILLOW OAK DRIVE DOTION **EDGEWATER FL 32141** EDGEWATER FL 32141 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COPE, KEITH C Street Address (P.O. Box Number is Not Acceptable) 2815 WILLOW OAK DRIVE **EDGEWATER FL 32141** Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE (NOT! Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW! | FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Flection Campaign Financing After MAY 1, 20)1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payat le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change TITLE PD □ Delete TITLE COPE, KEITH C NAME NAME STREET ADDRESS STREET ADDRESS 2815 WILLOW OAK DRIVE CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change FITLE ☐ Delete THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that rily 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 is 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

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 r y signature shall have the same legal effect as if made under oath; that I am an officer or director

SIGNATURE:

C. Cope 6-1-01 984-4128-4687
Date Daytime Phone #