

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90216 030 ***150.00

DOCUMENT # P00000116697



1. Entity Name
SHARON K. COOPER, C.P.A., P.A.

Principal Place of Business
4264 WORDSWORTH WAY
VENICE FL 34293

Mailing Address
4264 WORDSWORTH WAY
VENICE FL 34293



2. Principal Place of Business
1435 E. VENICE AVE.
Suite, Apt. #, etc.
#276

3. Mailing Address
1435 E. VENICE AVE. #276
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
VENICE, FL

City & State
VENICE, FL

4. FEI Number **65-1067864**

Applied For
Not Applicable

Zip **34292** **Country** **USA**

Zip **34292** **Country** **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **COOPER, SHARON K**
STREET ADDRESS **4264 WORDSWORTH WAY**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **COOPER, SHARON K.**
STREET ADDRESS **1435 E. VENICE AVE. #276**
CITY-ST-ZIP **VENICE, FL 34292**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHARON K. COOPER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 **(941) 493-8171**
Date Daytime Phone #

CR2E034 (10/02)