2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000027286

City-St-Zip:

LIGHTHOUSE POINT, FL 33064

Entity Name: C. HOPPER & ASSOCIATES, INC.

FILED Jan 14, 2002 8:00 AM Secretary of State

That I can be a fire a					
Current Pr	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
	THEAST 28TH JSE POINT, F				
Current Ma	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
	THEAST 28TH JSE POINT, F				
FEI Number:	65-1085771	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 US			GOLDEN, CATHY H 3731 NE 28TH AVENUE LIGHTHOUSE POINT, F		
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CATHY H. GOLDEN				01/14/2002	
	Electron	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	o satisfy its Intangible Tax filing rec g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GOLDEN, DON 3731 NORTHE) Delete ALD AST 28TH AVENUE POINT, FL 33064	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	HOPPER, JENI 3731 NORTHE) Delete NIFER AST 28TH AVENUE POINT, FL 33064	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	GOLDEN, CAT) Delete HY H AST 28TH AVENUE	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CATHY GOLDEN P 01/14/2002