
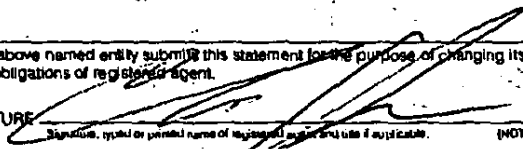
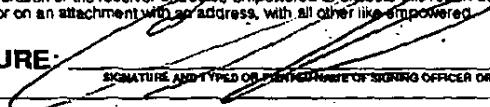


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90069 044 \*\*\*150.00

<b>DOCUMENT # P01000122069</b>			
1. Entity Name <b>C. HOOPER, INC.</b>			
Principal Place of Business <b>3417 NATIVE DANCER TRAIL TALLAHASSEE, FL 32309</b>		Mailing Address <b>3417 NATIVE DANCER TRAIL TALLAHASSEE, FL 32309</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HOOPER, CHRISTOPHER W 3417 NATIVE DANCER TRAIL TALLAHASSEE, FL 32309</b>		Name Street Address (P.O. Box Number is NOT Acceptable) City <b>FL</b> Zip Code	
4. FEI Number <b>59-3758241</b> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
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 		DATE <b>4/28/03</b>	
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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PTD</b>	NAME <b>HOOPER, CHRISTOPHER W</b>	TITLE	NAME
STREET ADDRESS <b>3417 NATIVE DANCER TRAIL</b>	CITY- ST- ZIP <b>TALLAHASSEE, FL 32309</b>	STREET ADDRESS	CITY- ST- ZIP
TITLE <b>VSD</b>	NAME <b>HOOPER, MERRY H</b>	TITLE	NAME
STREET ADDRESS <b>3417 NATIVE DANCER TRAIL</b>	CITY- ST- ZIP <b>TALLAHASSEE, FL 32309</b>	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP	STREET ADDRESS	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)(1), 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 		DATE <b>4/28/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CFR0304 (10/02)