

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90116 024 ***150.00

DOCUMENT # P02000011557

1. Entity Name
DESTRY L. COOPERSTEIN, P.A.



Principal Place of Business
5156 NW 121ST DRIVE
CORAL SPRINGS FL 33076

Mailing Address
5156 NW 121ST DRIVE
CORAL SPRINGS FL 33076



2. Principal Place of Business

2583 Glenfield Dr.

Suite, Apt. #, etc.

3. Mailing Address

2583 GLENFIELD Dr.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

4. FEI Number

75-2995011

Applied For

Not Applicable

Zip
32043

Country

USA

Zip

32043

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPERSTEIN, DESTRY L
5156 NW 121ST DRIVE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name
COOPERSTEIN, DESTRY L.

Street Address (P.O. Box Number is Not Acceptable)
2583 GLENFIELD DR.

City
GREEN COVE SPRINGS, FL

Zip Code
32043

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
P ☐ Delete
NAME
COOPERSTEIN, DESTRY L
STREET ADDRESS
5156 NW 121ST DRIVE
CITY-ST-ZIP
CORAL SPRINGS FL 33076

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☒ Change ☐ Addition
NAME
Cooperstein, Destry L.
STREET ADDRESS
2583 Glenfield Dr.
CITY-ST-ZIP
Green Cove Springs, FL 32043

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/03 (904)291-9647
Date Daytime Phone #

CR2E034 (10/02)