

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

FILED

03 JUL -2 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 38683

1. Entity Name

D. KOPP CORPORATION



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5050 VENTURA CT

Suite, Apt. #, etc.

3. Mailing Address

5050 VENTURA CT.

Suite, Apt. #, etc.

**REINSTATEMENT** 93-03

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

04-3010919

Applied For

Not Applicable

Zip

34109

Country

Collier

Zip

34109

Country

Collier

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name DAVID J. KOPP

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

5050 VENTURA CT.

City

NAPLES

FL

Zip Code

34109

**DO NOT WRITE  
IN THIS SPACE**

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]* DAVID J. KOPP  
President

4/30/03

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT  
NAME DAVID J. KOPP  
STREET ADDRESS 5050 VENTURA CT  
CITY-ST-ZIP NAPLES, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400021268414  
07/02/03--01020--007 \*\*2250.00

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. KOPP  
President

4/30/03

239-594-0725

Date

Daytime Phone #

777

CR2E034B (12/02)