

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064456

1. Entity Name
GREG COOPER & ASSOCIATES, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90050 042 ***150.00

Principal Place of Business
4211 ALESBURY DR
JACKSONVILLE BEACH FL 32224
US

Mailing Address
4211 ALESBURY DR
JACKSONVILLE BEACH FL 32224
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip Country

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Jacksonville, FL
Zip Country

4. FEI Number 59-3263524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNING, G S
~~8471 BAYMEADOWS RD STE 104~~
JACKSONVILLE FL 32256

Name
Street Address (P.O. Box Number is Not Acceptable)
9428 Baymeadows Rd, Suite 625
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME COOPER, GREGORY W
STREET ADDRESS 4211 ALESBURY DR
CITY-ST-ZIP JAX FL 32224 ☐ Delete

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

TITLE ST
NAME COOPER, SANDRA B.
STREET ADDRESS 4211 ALESBURY DR
CITY-ST-ZIP JAX FL 32224 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Gregory W. Cooper, GREGORY W. COOPER, 4/9/01, 904-821-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)