

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

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 027 ***150.00

DOCUMENT # *P94000068889*

1. Entity Name

COOPER UNLIMITED INC.



DO NOT WRITE IN THIS SPACE

40066298

2. Principal Place of Business

6682 BLUE BAY CIR

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33467

Country

FLA BEACH

Zip

Country

4. FEI Number

65-0544730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ANNIE COOPER

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

6682 BLUE BAY CIRCLE

City
LAKE WORTH

FL

Zip Code

33467

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*SCOTT COOPER
6682 BLUE BAY CIRCLE
LAKE WORTH, FL 33467*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*IRMA COOPER
5083A SPLENDID COURT
BOYNTON BEACH, FL 33437*

TITLE
NAME
STREET ADDRESS
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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: *SCOTT COOPER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)