FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90277 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000068889**

1. Entity Name
COOPER UNLIMITED, INC.

Principal Place of Business
23038 SANDALFOOT PLAZA DR
BOCA RATON, FL 33428

Mailing Address
23038 SANDALFOOT PLAZA DR
BOCA RATON, FL 33428

11013853

2. Principal Place of Business: 6682 BLUE BAY CIRCLE
Suite, Apt. #, etc.
City & State: LAKE WORTH, FLORIDA
Zip: 33467 Country: USA

3. Mailing Address: 6682 BLUE BAY CIRCLE
Suite, Apt. #, etc.
City & State: LAKE WORTH, FLORIDA
Zip: 33467 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0544730 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

CONTE, EVEY
5332 N.E. 6 AVENUE 12E
FORT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent

Name: ANNE 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: ANNE COOPER [signature] 4/22/03
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COOPER, SCOTT 6682 BLUE BAY CIRCLE LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COOPER, IRMA 6083A SPLENDIDO CT BOYNTON BEACH, FL 33437	☐ 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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CR2E034 (10/02)

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] Scott Cooper 4/22/03 561 966 5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #