2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P95000015323 DOCUMENT # 1. Entity Name **Secretary of State** COOPER, BARNETTE & PAGE OF FLORIDA, INC. Principal Place of Business Mailing Address 4093 INDIAN TRAIL PO BOX 1540 FL WINDER GA 32541 30680 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3353587 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER RONALD 4093 INDIAN TRAIL Street Address (P.O. Box Number is Not Acceptable) DESTIN FL32541 US City 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. RONALD G COOPER 04/30/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DΡ TITLE ☐ Delete TITLE ☐ Addition COOPER RONALD MAME NAME 4093 INDIAN TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP ☐ Delete DVTITLE ☐ Change NAME PAGE BRUCE NAME STREET ADDRESS 1962 RAILROAD STREET STREET ADDRESS CITY-ST-ZIP STATHAM GA 30666 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition BARNETTE R. LARRY NAME STREET ADDRESS 1962 RAILROAD STREET STREET ADDRESS CITY-ST-ZIP STATHAM GA 30666 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition COOPER NAME STREET ADDRESS 1962 RAILROAD STREET STREET ADDRESS CITY-ST-ZIP STATHAM GA 30666 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

04/30/2001

Daytime Phone #

Date

RONALD G COOPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

CR2E034 (11/00)