FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am DOCUMENT # P95000030023 **Secretary of State** 1. Entity Name 02-06-2002 90031 002 ***150.00 ALAN J. COOPER, P.A. Principal Place of Business Mailing Address 218 NORTH U.S. HIGHWAY #1 218 NORTH U.S. HIGHWAY #1 TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0574389 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, ALAN J Street Address (P.O. Box Number is Not Acceptable) 218 NORTH US HIGHWAY 1 SUITE 200 **TEQUESTA FL 33469** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . FILE NOW!!! FEE IS \$150.00 *9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE 🦸 ☐ Delete TITLE NAME ... COOPER, ALAN J NAME STREET ADDRESS 218 NORTH US HIGHWAY 1 STREET ADDRESS CITY-SÎ*ZIP CITY-ST-ZIP **TEQUESTA FL** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME COOPER, YVONNE M STREET ADDRESS STREET ADDRESS 218 NORTH US HWY 1 CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33419** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ 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

SIGNATURE:

changed, or on an attachment

AME OF SIGNING OFFICER OR DIRECTOR

1/21/02