*941-*261-2244

## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 22, 2001 8:00 am DOCUMENT # P95000057025 Secretary of State 1. Entity Name RICHARD COOPER PA 01-22-2001 90144 046 \*\*\*150.00 Principal Place of Business Mailing Address 4099 TAMIAMI TRAIL NO. 2ND FLOOR 4099 TAMIAMI TRAIL NO. 2ND FLOOR NAPLES FL 34103 NAPLES FL 34103 3. Mailing Address 3411 TAMIAMI TRAIL NO. 2. Principal Place of Business 3411 TAMIAMI TRAIL NO. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NAPLES, FLORIDA City & State 4. FEI Number Applied For 65-0595891 APLES, FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired \_\_ [ 34103 -US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOPER, RICHARD (P.O. Box Number is Not Acceptable) 4099 TAMIAMI TRAIL NO. 2ND FLOOR NAPLES FL 34103 City NAPLES entior the purpose of changing its registered office or registered agent, or both, in the State of Florida 1-12-2001 PRESIDENT (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, 2001 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. Delete Change CR2E034 (10/00) TITI F TITLE ☐ Addition NAME NAME COOPER, RICHARD STREET ADDRESS STREET ADDRESS 4099 TAMIAMI TRAIL N 2ND FLOOR CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34103 TITLE Change ☐ Addition TITLE Delete COOPER, RICHARD NAME NAME 3411 TAMIAMI TRALL NO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL-34103 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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

COOPER

NAME OF SIGNING OFFICER OF D

of the corporation or the rece changed, or on an attachme

SIGNATURE: