

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90932 018 ***150.00

0454987 AV

DOCUMENT # P95000080547

1. Entity Name

COOPER CONSTRUCTION, INC.

Principal Place of Business

**1550 MCMULLEN BOOTH RD.. #225
 CLEARWATER FL 33759**

Mailing Address

**1550 MCMULLEN BOOTH RD.. #225
 CLEARWATER FL 33759**

2. Principal Place of Business

9020 RANCHO DEL RIO DRIVE

Suite, Apt. #, etc.

101

3. Mailing Address

9020 RANCHO DEL RIO DRIVE

Suite, Apt. #, etc.

101

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL.

Zip

34655

Country

USA

Zip

34655

Country

USA

4. FEI Number

59-3345056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COOPER, DARREN J
 1955 WHITNEY ROAD
 CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name

DARREN COOPER

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

9020 RANCHO DEL RIO DRIVE, SUITE 101

City

NEW PORT RICHEY

FL

Zip Code

34655

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **COOPER, LEIGH R**
 STREET ADDRESS **3021 STATE ROAD 590, #511**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **VP** ☐ Delete
 NAME **COOPER, DARREN J**
 STREET ADDRESS **1955 WHITNEY RD**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **COOPER, LEIGH R.**
 STREET ADDRESS **10038 TATE LANE**
 CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **DARREN COOPER**
 STREET ADDRESS **3101 B. CLAYTON BLVD.**
 CITY-ST-ZIP **TAMPA, FL 33620**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)