

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9020 RANCHO DEL RIO DRIVE **9020 RANCHO DEL RIO DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
101 **101**

City & State City & State
NEW PORT RICHEY, FL **NEW PORT RICHEY, FL.**

4. FEI Number Applied For
59-3345056 Not Applicable

Zip Country Zip Country
34655 **USA** **34655** **USA.**

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 State Zip Code
NEW PORT RICHEY **FL** **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 _____ DATE _____
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 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 NAME STREET ADDRESS CITY-ST-ZIP | P COOPER, LEIGH R 3021 STATE ROAD 590, #511 CLEARWATER FL 33759 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COOPER, DARREN J 1955 WHITNEY RD CLEARWATER FL 33760 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT COOPER, LEIGH R. 10038 TATE LANE TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT DARREN COOPER 3101 B. CLAYTON BLVD. TAMPA, FL 33620 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)