

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90077 025 ***150.00

00033776



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000032139

1. Entity Name
COOPER CONSULTING, INC.

Principal Place of Business

370 LENELL RD.
FT. MYERS BEACH FL 33931

Mailing Address

C/O JOHN P. MILLIGAN, JR.
1500 COLONIAL BLVD., STE. 103
FT. MYERS FL 33907-1025

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0679482**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLIGAN, JOHN P JR.
1500 COLONIAL BLVD.
SUITE 103
FT. MYERS FL 33907

Name

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

City

FL

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PT. | <input type="checkbox"/> Delete |
| NAME | BOTTCHER, BODO | |
| STREET ADDRESS | 370 LENELL RD. | |
| CITY-ST-ZIP | FT. MYERS BEACH FL 33931 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BOTTCHER, JUTTA | |
| STREET ADDRESS | 370 LENELL RD. | |
| CITY-ST-ZIP | FT. MYERS BEACH FL 33931 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BOTTCHER, BURKHARD | |
| STREET ADDRESS | 370 LENELL RD. | |
| CITY-ST-ZIP | FT. MYERS BEACH FL 33931 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | BOTTCHER, WOLFGANG | |
| STREET ADDRESS | 370 LENELL RD. | |
| CITY-ST-ZIP | FT. MYERS BEACH FL 33931 | |
| TITLE | DR | <input type="checkbox"/> Delete |
| NAME | PILLER, GESHARD | |
| STREET ADDRESS | GINSTERWEG 13 | |
| CITY-ST-ZIP | D- 90480, NUERNBERG | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Bottcher, Bodo (Bottcher, Bodo)

2-28-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)