

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050357

1. Entity Name

COOPER ROOFING AND CONSTRUCTION, CO.

FILED

Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90007 023 ***550.00

Principal Place of Business

~~1186 SE SABINA LANE
PORT ST. LUCIE FL 34983~~

8446 S. FEDERAL HWY
PORT ST LUCIE FL 34952

Mailing Address

~~265 SW PORT ST. WEST BLVD.
SUITE 243
PORT ST. LUCIE FL 34984
US~~

SAME

2. Principal Place of Business

8446 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

8446 S. Federal Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

4. FEI Number

65-0681974

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, ROBERT G
1186 SE SABINA LANE
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

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 \$650.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME COOPER, ROBERT G.
STREET ADDRESS 1186 SE SABINA LANE
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Delete

TITLE V
NAME COOPER, BRENDA K.
STREET ADDRESS 1186 SE SABINA LN
CITY-ST-ZIP PT ST LUCIE FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

(561) 871-9405

Daytime Phone #

CR2E034 (5/00)