

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000053497**

1. Entity Name
COOPERATIVE DEVELOPMENT ALLIANCE CORPORATION



FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90200 024 ***150.00

Principal Place of Business
**15000 MADEIRA WAY
MADEIRA BEACH FL 33708**

Mailing Address
**15000 MADEIRA WAY
MADEIRA BEACH FL 33708**

30010867



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

15334 Harbor Drive

Madeira Beach, FL

33708

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3395609**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAYTON, JOSEPH E
116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHONTZ, PATRICIA J	
STREET ADDRESS	15000 MADEIRA WAY	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUBBARD, MARK	
STREET ADDRESS	150 128TH AVE W	
CITY-ST-ZIP	MADERIA BEACH FL 33708	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOOS, MARTHA J	
STREET ADDRESS	15316 GULF BLVD #603	
CITY-ST-ZIP	MADERIA BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15334 HARBOR DR.
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

Date

Daytime Phone #

1/23/03 727-392-2823

CR2E034 (10/02)