

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90054 022 ***150.00

DOCUMENT # P96000067072

1. Entity Name
B.A. COOPER ENTERPRISES INC.

Principal Place of Business
**6 POPPY COURT
 HOMOSASSA FL 34446**

Mailing Address
**6 POPPY COURT
 HOMOSASSA FL 34446**

2. Principal Place of Business
4 Poppy Ct.

3. Mailing Address
4 Poppy Ct.

Suite, Apt. #, etc.
HOMOSASSA

Suite, Apt. #, etc.
HOMOSASSA

City & State
FL.

City & State
FL.

Zip
34446

Country

Zip
34446

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0694666**

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

**COOPER, BRIAN
 6 POPPY COURT
 HOMOSASSA FL 34446**

Name **COOPER BRIAN**

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

HOMOSASSA

City **FL.**

FL

Zip Code
34446

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, 2001 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
 NAME **P COOPER, B A** ☐ Delete
 STREET ADDRESS **6 POPPY COURT**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

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

TITLE
 NAME **P. COOPER, B.A.** ☐ Delete
 STREET ADDRESS **4. Poppy Court**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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TITLE
 NAME ☐ Change ☐ Addition
 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01 Date

382-2754 Daytime Phone #

0549614

CR2E034 (10/00)