

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90248 039 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

P96000077572 ✓

COOPERATIVE MARKETING GROUP, INC.

**A0065912**

Principal Place of Business

Mailing Address

204 Silver Moss Lane 204 Silver Moss Lane  
 Tarpon Springs, FL 34689 Tarpon Springs, FL 34689

2. Principal Place of Business

204 Silver Moss Lane

3. Mailing Address

204 Silver Moss Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

4. FEI Number

59-3404634

Applied For

Not Applicable

Zip

34689

Country

Pinellas

Zip

34689

Country

Pinellas

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

DAVID, KARIN A.  
 204 SILVER MOSS LANE  
 TARPON SPRINGS, FL 34689

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, 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

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | DIRECTOR <input type="checkbox"/> Delete       | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVID, KARIN A.                                | NAME  |   |
| STREET ADDRESS             | 204 SILVER MOSS LANE                           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TARPON SPRINGS, FL 34689                       | CITY-ST-ZIP   |   |
| TITLE                      | DIRECTOR <input type="checkbox"/> Delete       | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVID, DONALD V.                               | NAME  |   |
| STREET ADDRESS             | 204 SILVER MOSS LANE                           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TARPON SPRINGS, FL 34689                       | CITY-ST-ZIP   |   |
| TITLE                      | PRESIDENT <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVID, DONALD V.                               | NAME  |   |
| STREET ADDRESS             | 204 SILVER MOSS LANE                           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TARPON SPRINGS, FL 34689                       | CITY-ST-ZIP   |   |
| TITLE                      | VICE-PRESIDENT <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVID, KARIN A.                                | NAME  |   |
| STREET ADDRESS             | 204 SILVER MOSS LANE                           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TARPON SPRINGS, FL 34689                       | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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

Date

Daytime Phone #

4-23-01

CR2E034 (11/00)