

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90184 044 \*\*\*158.75

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P96000080316**

1. Entity Name  
**COOPER-SOLICE, INC.**

Principal Place of Business

**4916 MOBILE HWY  
 PENSACOLA FL 32506  
 US**

Mailing Address

**4916 MOBILE HWY  
 PENSACOLA FL 32506  
 US**

2. Principal Place of Business

Suite, Apt., etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt., etc.

City &amp; State

Zip

Country

4. FEI Number

59-3409618

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SOLICE, SONDRA  
 4916 MOBILE HWY  
 PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name **Sondra Solice**

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

**4916 Mobile Hwy**City **PENSACOLA**

FL

Zip Code **32506**

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

**Sondra Solice**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/01**

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	<b>SOLICE, SONDRA</b>	<b>4916 MOBILE HWY</b>	<b>PENSACOLA FL 32506</b>	<input type="checkbox"/> Delete
	<b>President</b>			
	<b>Frances Cooper</b>	<b>4916 Mobile Hwy</b>	<b>PENSACOLA, FL 32506</b>	<input type="checkbox"/> Delete
	<b>Vice President</b>			
	<b>Stephen Solice</b>	<b>4916 Mobile Hwy</b>	<b>PENSACOLA, FL 32506</b>	<input type="checkbox"/> Delete
	<b>Secretary</b>			
	<b>Debra</b>			<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**Sondra Solice**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-30-01**

Daytime Phone #

**850  
453-0100**

CR2E034 (9/01)