

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90730 039 ***150.00

DOCUMENT # P97000031609

1. Entity Name

COOPER ADVANCED TECHNOLOGIES, INC.



Principal Place of Business

7380 SAND LAKE ROAD
SUITE 500
ORLANDO FL 32819

Mailing Address

POST OFFICE BOX 560634
MONTVERDE FL 34756-0634

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7380 Sand Lake Rd.

Suite 500

Orlando, FL

32819

Orange



MOORE

CR2E034 (11/03)

4. FEI Number

59-3428502

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, TERRY L
~~17525 BROAD STREET~~
~~MONTVERDE FL 34756~~

Name

TERRY L. COOPER

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

7380 SAND LAKE RD

SUITE 500

City

Orlando

FL

Zip Code

32819

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)

04/23/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COOPER, TERRY L
STREET ADDRESS 17525 BROAD STREET
CITY-ST-ZIP MONTVERDE FL 34756

TITLE PD ☒ Change ☐ Addition
NAME TERRY L. COOPER
STREET ADDRESS 7380 SAND LAKE RD Suite 500
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

TERRY L. COOPER

Date

Daytime Phone #

04/23/04