

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90743 049 ***150.00

DOCUMENT # P97000065685

1. Entity Name
COOPER & COOPER INC.



Principal Place of Business
**23038 SANDAL FOOT PLAZA DRIVE
BOCA RATON, FL 33428**

Mailing Address
**23038 SANDAL FOOT PLAZA DRIVE
BOCA RATON, FL 33428**

2. Principal Place of Business
6682 BLUE BAY CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
6682 BLUE BAY CIRCLE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH FL.
Zip
33467
Country
USA

City & State
LAKE WORTH FL. 33467
Zip
33467
Country
USA

4. FEI Number
65-0768886

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, SCOTT
23038 SANDAL FOOT PLAZA DRIVE
BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name

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

6682 BLUE BAY CIRCLE

City

LAKE WORTH

FL

Zip Code

33467

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.

SCOTT COOPER

(NOTE: Registered Agent's signature required when remaining)

4/28/03

DATE

**FILED IN ADVANCE OF FEE IS \$160.00
After May 1, 2003 Fee will be \$250.00
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 NAME	P COOPER, SCOTT	☐ Delete
STREET ADDRESS CITY-ST-ZIP	23038 SANDAL FOOT PLAZA BOCA RATON, FL 33428	
TITLE NAME	VP COOPER, IRMA	☐ Delete
STREET ADDRESS CITY-ST-ZIP	23638 SANDAL FOOT PLAZA DR BOCA RATON, FL 33428	
TITLE NAME	S COOPER, ANNE	☐ Delete
STREET ADDRESS CITY-ST-ZIP	23038 SANDAL FOOT PLAZA DR BOCA RATON, FL 33428	
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P SCOTT COOPER	☒ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	6682 BLUE BAY CIRCLE LAKE WORTH, FL 33467	
TITLE NAME	V.P. IRMA COOPER	☒ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	6682 BLUE BAY CIRCLE LAKE WORTH, FL 33467	
TITLE NAME	S. ANNE COOPER	☒ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	6682 BLUE BAY CIRCLE LAKE WORTH, FL 33467	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT COOPER

4/28/03

One

561 512 8897

Daytime Phone #

CR2E034 (10/02)