

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108523

1. Entity Name
GLENN M. COOPER, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90039 002 ***150.00

Principal Place of Business Mailing Address
1315 ST. TROPEZ CIRCLE 1315 ST. TROPEZ CIRCLE
1408 1408
FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL 33326

2. Principal Place of Business 3. Mailing Address
845 Tanglewood Cir. 845 Tanglewood Cir.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Weston, FL Weston, FL

Zip Country Zip Country
33327 Broward 33327 Broward

4. FEI Number 65-0802494 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, GLENN M Name Cooper, Glenn M
1315 ST. TROPEZ CIRCLE 1408 Street Address (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33326 845 Tanglewood Cir.
City Weston FL Zip Code 33327

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 Glenn M Cooper 4/20/01
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. ☐ 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, GLENN M		NAME	Cooper, Glenn M	
STREET ADDRESS	1315 ST. TROPEZ CIRCLE 1408		STREET ADDRESS	845 Tanglewood Cir.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		CITY-ST-ZIP	Weston, FL 33327	
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		
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		
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		
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: Glenn M Cooper 4/20/01 954 659 0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)