2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000004341 DOCUMENT

1. Entity Name

COOPER'S COMPLETE CABINETS N' THINGS, INC.



FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90152 043 ***150.00

Principal Plac 4506 W FERN TAMPA FL 33			4506	Mailing Address 4506 W FERN TAMPA FL 33614								
2. Principal Place of Business 3. Mailing				ing Address		1		NILL BENE BRUN B	IIII ie iii eili			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI	59-348	9069			olied For Applicable	
Zip		Country	Zip		Country		5. Cer	rtificate of Status Des	sired 🗀	\$8.75 Fee Re		
	6. Name a	nd Address of Current	Register	ed Agent			- 7 Nar	me and Address of	New Register	ed Agent		
000050					l Na	ame						
COOPER, HARRY W				Street Address			(P.O. Box	Number is Not Acce	ptable)			
4506 W F									<u> </u>			
JAMPA FL	L 33614	**										
					Ci	ty	•	• • •	F	Zip	Code	
8 The above	a named entity s	ubmits this statement fo	or the pure	ose of changing its	registered of	fice or register	rod agost	L or both in the State			with a	nd cocont
	tions of register		or trie purp	4	registered or	nce or register	ieu ayeiit	i, or both, in the State	: Ul Florida. Ta	umamian	wilii, ca	ind accept
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SIGNATURE	Signature, typed or I	printed name or registered agent	and title if app	olicable. (NOTE	: Registered Ager	nt signature required	when reinsta	lating)	DAT	<u>0 -0 _</u>		
After	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00				····	Ū	Election Campai Trust Fund Contr				May Be
Make Check	k Payable to F	iorida Department o	f State									1
10.								· <u></u>				
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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: