

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028523

1. Entity Name

DJ COUPER'S & SPECIALTY MEATS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90054 038 ***150.00

Principal Place of Business

3544 YUKON DRIVE
PORT CHARLOTTE FL 33948

Mailing Address

3544 YUKON DRIVE
PORT CHARLOTTE FL 33948-7557

2. Principal Place of Business

17753 Toledo Blade

Suite, Apt. #, etc.

#4

City & State
PORT CHARLOTTE FL.

Zip Country
33948 Charlotte

3. Mailing Address

17753 Toledo Blade

Suite, Apt. #, etc.

PORT CHARLOTTE #4

City & State
PORT CHARLOTTE FL.

Zip Country
33948 Charlotte



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0825765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PSD	<input checked="" type="checkbox"/> Delete
NAME	COUP, DONALD L SR	
STREET ADDRESS	3544 YUKON DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COUP, JOANNE	
STREET ADDRESS	3544 YUKON DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COUP, LEEANN	
STREET ADDRESS	3544 YUKON DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUP, DONALD L JR	
STREET ADDRESS	3544 YUKON DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUP, RUSSELL	
STREET ADDRESS	3544 YUKON DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD L. COUP JR.	
STREET ADDRESS	4348 HOKAN AVENUE	
CITY-ST-ZIP	NORTH PORT FL 33287	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEANN COUP	
STREET ADDRESS	32151 LACAMORE STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SEC. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL J. COUP	
STREET ADDRESS	3544 YUKON DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Donald L. Coup Jr. 3-6-2000 941-766-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)