

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000038400**

1. Entity Name

**KOPKO & COMPANY DESIGN, INC.****FILED****Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90269 049 \*\*\*150.00

Principal Place of Business

**6959 GREENTREE DR.  
NAPLES FL 34108**

Mailing Address

**P.O. BOX 770028  
NAPLES FL 34102-5554**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3503989**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOBAN, WM. E  
6959 GREENTREE DR.  
NAPLES FL 34108**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **HOBAN, WM E**  
CITY-ST-ZIP **6959 GREENTREE DR  
NAPLES FL 34108**TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **KOPKO, RONALD G**  
CITY-ST-ZIP **28650 CARRIAGE HOMES DR #101  
BONITA-SPRINGS FL 34134**TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **HOBAN, LINDA**  
CITY-ST-ZIP **6959 GREENTREE DR  
NAPLES FL 34108**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied in 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 supporting documents is true and correct, 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, liquidator, or assignee of the corporation; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4-12-99

941-659

6412