

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90440 029 ***150.00

DOCUMENT # P98000044779

1. Entity Name
COOPER GENERAL CONTRACTING INC.



Principal Place of Business
2800 WORTH AVE
ENGLEWOOD FL 34224

Mailing Address
P. O. BOX 5256
GROVE CITY FL 34224

(NEW ADDRESS)

2. Principal Place of Business
300 S. OXFORD DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 5256
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ENGLEWOOD, FL.
Zip
34223
Country
USA

City & State
GROVE CITY, FL.
Zip
34224
Country
USA

4. FEI Number 65-0835304

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, LAWRENCE D
2800 WORTH AVE
#1
ENGLEWOOD FL 34224

New address →

Name LAWRENCE D. COOPER
Street Address (P.O. Box Number is Not Acceptable)
300 S. OXFORD DR.
ENGLEWOOD FL.
City FL Zip Code 34223

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 Lawrence D. Cooper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/06/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO
NAME COOPER, LAWRENCE
STREET ADDRESS 2800 WORTH AVE #1
CITY-ST-ZIP ENGLEWOOD FL 34224
☒ Delete

INCORRECT

TITLE
NAME COOPER, LAWRENCE
STREET ADDRESS 300 S. OXFORD DR.
CITY-ST-ZIP ENGLEWOOD, FL 34224
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Lawrence D. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/03 (941) 698-0082
Date Daytime Phone #

CR2E034 (10/02)