

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104205

1. Entity Name
STEVEN R. COOLEY, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90025 031 ***150.00

Principal Place of Business
7932 17 WAY NORTH
ST. PETERSBURG FL 33702

Mailing Address
P.O. BOX 55098
ST. PETERSBURG FL 33732

2. Principal Place of Business
12180-28th St. No.

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ST. PETERSBURG

City & State

4. FEI Number 59-3560612

Applied For
Not Applicable

Zip FL Pinellas

Zip 33716 Country USA

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

COOLEY, STEVEN R
7932 17 WAY NORTH
ST. PETERSBURG FL 33702

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, 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 DPST
NAME COOLEY, STEVEN R
STREET ADDRESS 7932 17 WAY NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-01

Date

727-572-0888

Daytime Phone #

CR2E034 (10/00)