AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
08-31-2003 90291 026 ****61.25
P99000000177

03 APR -7 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90066725

DOCUMENT # P99000000177

1. Entity Name

Cooper, Ridge & Lantinberg, P.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 West Forsyth Street	200 West Forsyth Street
Suite, Apt. #, etc.: Suite 1200	Suite, Apt. #, etc.: Suite 1200
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32202 Country: Duval	Zip: 32202 Country: Duval

4. FEI Number: 59-3557307 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: George E. Ridge, Esq.

Street Address (P.O. Box Number is Not Acceptable): 200 West Forsyth Street

Suite 1200

City: Jacksonville FL Zip Code: 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director William G. Cooper, Esq. 200 West Forsyth St., Ste. 1200 Jacksonville, Florida 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director George E. Ridge, Esq. 200 West Forsyth St., Ste. 1200 Jacksonville, Florida 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President, Director Richard J. Lantinberg, Esq. 200 West Forsyth St., Ste. 1200 Jacksonville, Florida 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/28/03 (904) 355-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #