

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000098914**

1. Entity Name

COOPER'S CARRIAGE SERVICE, INC.



Principal Place of Business  
3510 MOORES LAKE ROAD  
DOVER FL 33527

Mailing Address  
3510 MOORES LAKE ROAD  
DOVER FL 33527

2. Principal Place of Business

**1521 CRE RD**

Suite, Apt. #, etc.

3. Mailing Address

**1521 CRE RD**

Suite, Apt. #, etc.

City & State  
**DOVER, FL**

City & State  
**DOVER, FL**

Zip  
**33527**

Country  
**Hillsborough**

Zip  
**33527**

Country  
**Hillsborough**

6. Name and Address of Current Registered Agent

GROSVENOR, LINDA  
3510 MOORES LAKE ROAD  
DOVER FL 33527

*Address  
change*

Name

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

City  
**DOVER**

FL  
**33527**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Linda Grosvenor*

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

(NOTE: Registered Agent signature required when reinstating)

*4/23/03*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
GRISVENOR, LINDA  
3510 MOORES LAKE RD  
DOVER FL 33527

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRESIDENT**  
GROSVENOR, LINDA  
1521 CRE RD  
DOVER, FL 33527

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
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: *Linda Grosvenor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/03*

*813-719-3331*

Daytime Phone #

04422411  
AV

CR2E034 (10/02)