

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90036 030 ***150.00

DOCUMENT # P99000100041

1. Entity Name
 C.D.S. MERCHANDISING, INC

Principal Place of Business 2387 PODOCARPUS WAY
 CLEARWATER, FL 33759-1331
Mailing Address 2387 PODOCARPUS WAY
 CLEARWATER, FL 33759-1331

2. Principal Place of Business 1100 CLEVELAND ST
 Suite, Apt. #, etc. 904
3. Mailing Address 1100 CLEVELAND ST
 Suite, Apt. #, etc. 904

City & State CLEARWATER, FL
Zip 33755 **Country** USA
4. FEI Number 59-3641892 **Applied For** ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75** **Additional Fee Required**

658671

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CHARLES PERRY
 1100 CLEVELAND STREET
 SUITE 900
 CLEARWATER, FL 33755
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 \$650.00
 Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00**
 Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK COOPER	NAME	
STREET ADDRESS	2387 PODOCARPUS WAY	STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 33759	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN COOPER	NAME	
STREET ADDRESS	2387 PODOCARPUS WAY	STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 33759	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT COOPER	NAME	
STREET ADDRESS	2387 PODOCARPUS WAY	STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 33759	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL COOPER	NAME	
STREET ADDRESS	2387 PODOCARPUS WAY	STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 33759	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSICA COOPER	NAME	
STREET ADDRESS	2387 PODOCARPUS WAY	STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 33759	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Jack Cooper 4-21-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)