

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51373

1. Entity Name  
DAVID COOPER ENTERPRISES, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**  
01-18-2000 90168 044 \*\*\*150.00

Principal Place of Business  
2600 LYNWOOD PLACE  
MERRITT ISLAND FL 32953  
US

Mailing Address  
2600 LYNWOOD PLACE  
MERRITT ISLAND FL 32953-4162  
US

601757



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                              |  |
|--------------------------------|---------|---------------------|---------|---|--|------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number 59-3069315                                  |  | Applied For                  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable               |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | 8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                              |  |

|  |  |  |  |  |  |    |  |
|--|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent                |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| COOPER, DAVID<br>2600 LYNWOOD PLACE<br>MERRITT ISLAND FL 32953 |  |  |  | Name   |  |    |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|  |  |  |  |  |  |    |  |
|  |  |  |  | City   |  | FL |  |

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 \_\_\_\_\_ (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) <input type="checkbox"/> |  | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |  | 10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
|---|--|---|--|--|--|

| 11. OFFICERS AND DIRECTORS |                                       |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|---------------------------------------|---------------------------------|---|--|---|
| TITLE                      | DP                                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COOPER, DAVID F., JR.                 |                                 | NAME  |  |   |
| STREET ADDRESS             | 2600 LYNWOOD PLACE                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | MERRITT ISLAND FL                     |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | DST                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COOPER, JEANNE MARIE                  |                                 | NAME  |  |   |
| STREET ADDRESS             | 2600 LYNWOOD PLACE                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | MERRITT ISLAND FL                     |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | DVP                                   | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VATALARO, RON                         |                                 | NAME  |  |   |
| STREET ADDRESS             | 11310 S ORANGE BLOSSOM TRIAL, STE 220 |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | ORLANDO FL                            |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                       | <input type="checkbox"/> Delete | 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: DAVID COOPER DP 1-8-00 321-452-0189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)