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

## V28082 **DOCUMENT #**

1. Entity Name

LARRY COOPERSTOCK SALES, INC.



**FILED** Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90195 022 \*\*\*150.00

				`	WE TE				
Principal Place of Business 9741 NW 51 ST CORAL SPRINGS FL 33076		9741 N	Mailing Address 9741 NW 51 ST CORAL SPRINGS FL 33076				:		
2. Principal P	lace of Business	3. Mailir	3. Mailing Address			-			
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	е	City 8	City & State			4. FEI Number 65-032499	er <b>65-0324996</b> Applied For Not Applicable		
Zip	Zip Country		Zip Coun					\$8.75 Additional Fee Required	
	6. Name and Address of Curren	Registered	Agent			7. Name and Address of Ne	w Registered Ag	ent	
				Nai	Name				
COOPERS	TOCK, LARRY		Street Address			(P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33076									
				City	y		FL	Zip Cod	е
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department			9. Election Campaign Trust Fund Contrib			<b>0</b> May Be I to Fees		
10.	OFFICERS AND	DIRECTOR	is	11.		ADDITIONS/CHANGES TO (	OFFICERS AND C	IRECTORS	3 IN 11
TITLE NAME	PSD COOPERSTOCK, LARRY 9741 NW 51 ST CORAL SPRINGS FL	<i>B</i> III.20101	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP				Change	☐ Addition
TITLE NAME	VTD COOPERSTOCK, ANDREA 9741 NW 51 ST CORAL SPRINGS FL		Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	1		[	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			Delete	NAME STREET ADDR					Addition ==
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDR	1			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wi	th thin filling	Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	,	action 119 07/3Vi). Florida Statut	. , .	Change	Addition

indicated on this report or supplied with this hining does not quality for the exemption stated in Section 19.07(3)(i). Florida Statutes. 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 his 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 life empowered. **SIGNATURE:**