

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90029 011 ***150.00

DOCUMENT # V71547

1. Entity Name

COSPER CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~2196 MAIN ST., #A~~
DUNEDIN FL 34698

~~2196 MAIN ST., #A~~
DUNEDIN FL 34698

2. Principal Place of Business

1152 Belcher Road

3. Mailing Address

1152 Belcher Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3147042

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMAN, THOMAS A
2196 MAIN STREET
SUITE L
DUNEDIN FL 34698

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
COSPER, THOMAS C., JR.
2196 MAIN STREET, UNIT A
DUNEDIN FL 34698

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1152 Belcher Road

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
COSPER, MARILYN A.
2196 MAIN STREET, UNIT A
DUNEDIN FL 34698

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1152 Belcher Road

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. COSPER

Date

Daytime Phone #

March 19, 2001
727 734-2600

0429774

CR2E034 (10/00)