

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90110 031 ***150.00

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DOCUMENT # P01000026110

1. Entity Name
JACK COOPER PLUMBING, INC.



Principal Place of Business
**637 VIRGINIA WOODS LANE
ORLANDO FL 32824**

Mailing Address
**637 VIRGINIA WOODS LANE
ORLANDO FL 32824**



2. Principal Place of Business
10201 Rocket Blvd

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 200

City & State
Orlando FL

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3713308**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **32824** Country **USA**

6. Name and Address of Current Registered Agent

**COOPER, DONNA
637 VIRGINIA WOODS LANE
ORLANDO FL 32824**

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. 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 _____

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	
TITLE PD	<input type="checkbox"/> Delete
NAME COOPER, JACK	
STREET ADDRESS 637 VIRGINIA WOODS LANE	
CITY-ST-ZIP ORLANDO FL 32824	
TITLE VD	<input type="checkbox"/> Delete
NAME COOPER, DONNA	
STREET ADDRESS 637 VIRGINIA WOODS LANE	
CITY-ST-ZIP ORLANDO FL 32824	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Donna Cooper **Donna Cooper** **4-6-03** **407-856-2347**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)