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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am DOCUMENT # P93000060362 **Secretary of State** COPYFAX OF GAINESVILLE, INC. 02-27-2001 90078 005 ***150.00 Principal Place of Business Mailing Address 690 N.E. 23RD AVENUE 690 N.E. 23RD AVENUE GAINESVILLE FL 32609 GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3199148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUMPHRIES, RALPH Street Address (P.O. Box Number is Not Acceptable) 6320 ST. AUGUSTINE ROAD #2 JACKSONVILLE FL 32217 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE MILLER, SCOTT NAME NAME 690 N.E. 23RD AVENUE, SUITE C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP Gainesville, FL Addition X Change TITLE ☐ Delete TITLE DEFOOR, LARRY NAME NAME 6631 EXECUTIVE PARK COURT, #206 6631 Executive Park-Ct, #210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Jacksonville, FL 32216 X Change TITLE Delete TITLE ☐ Addition MILHOLLIN, JOHN NAME NAME 663# Executive Park Ct, #210 6631 EXECUTIVE PARK COURT, #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32216 CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

X 3-71-01

(352)336-1771

Daytime Phone #

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