R) **FILED** May 15, 2000 8:00 am Secretary of State **DOCUMENT # 251473**

0 90217 045 ***150.00

2000 UNIFORM BUSINESS REPORT (U	В	
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1. Entity Name THE COPELAND CO., INC.	70		Secre	Secretary of 05-15-2000 90217 045 **		
Principal Place of Business	Mailing Address					
5482 JETPORT INDUSTRIAL BLVD TAMPA FL 33634 US	P.O. BOX 23493 Tampa FL 33623-3493 US					
2. Principal Place of Business (820 Benjamin R	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt, #, etc.		DO NOT W	/RITE IN THIS SPACE		
City & State Tampa FL	City & State		4. FEI Number 59-09472	237		
Zip Country	· Zip	Country	5. Certificate of Status Desire	d 🗆 \$8.7		
6. Name and Address of	Current Registered Agent		7. Name and Address of New	w Registered Agent		
GUTHRIE, HUGH 5482 JETPORT INDUSTRIAL BL TAMPA FL 33634		City C	Im PA	FL Z		
8. The above named entity submits this state SIGNATURE Signature, typed or printed name of regist	S. tera (Na	its registered office or re- constant of the state of the	ra V.P.)	Florida.		
9. This corporation is eligible to satisfy its in Tax filing requirement and elects to do so (See criteria on back)	After MAY 1, 2 Make Check Pay	VIII FEE IS \$150.00 2000 Fee will be \$550 able to Department o	f State	ution.		
	RS AND DIRECTORS	12.	ADDITIONS/CHANGES TO (
TITLE SD GUTHRIE, JEWEL	Delete	TITLE S	so suthrie Jewel	N X		

\$5.00 May Be Added to Fees

Applied For Not Applicable

\$8.75 Additional

Fee Required

ICERS AND DIRECTORS IN 11 Change ☐ Addition 14604 Loma Ave STREET ADDRESS STREET ADDRESS 5482 JETPORT INDUSTRIAL BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 Change ☐ Addition TITLE ☐ Delete TITLE outhrie Hugh **GUTHRIE, HUGH** NAME NAME STREET ADDRESS 5482 JETPORT INDUSTRIAL BLVD STREET ADDRESS 4604 Loma CITY-ST-ZIP CITY-ST-ZIP TAMPA FL:33634 -- +: -- -☐ Delete TITLE Change
 Ch ☐ Addition TITLE Guthrie Hugh **GUTHRIE, HUGH** NAME NAME 14604 Loma Ave 5482 JETPORT INDUSTRIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** VΡ ■ Addition ☐ Delete TITLE TITLE BUTERA, MARISA NAME NAME STREET ADDRESS 6624 JENNIFER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TEMPLE TERRACE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE 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 th an address, with all other like empowered. changed, or on an attachme

SIGNATURE:

CR2E034 (9/99)