

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90301 026 ***150.00

DOCUMENT # 402402

1. Entity Name
COIN COPIES, INC.

| | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Principal Place of Business 120 EAST OAKLAND PARK BLVD., #105 FT. LAUDERDALE FL 33334 | Mailing Address 120 EAST OAKLAND PARK BLVD., #105 FT. LAUDERDALE FL 33334-1106 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------------------------------------|-----------------------------------------|
| 4. FEI Number 59-1782159 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LITTLE, PAUL
120 EAST OAKLAND PARK BLVD., #105
FT. LAUDERDALE FL 33334

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.

SIGNATURE _____ (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, 2000 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

| | |
|---------------------------------------------------------|---------------------------------|
| TITLE PD | <input type="checkbox"/> Delete |
| NAME LITTLE, ARTHUR | |
| STREET ADDRESS 120 E. OAKLAND PARK BLVD. #105 | |
| CITY-ST-ZIP FT. LAUDERDALE FL 33334 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME LITTLE, PAUL | |
| STREET ADDRESS 120 E. OAKLAND PARK BLVD. #105 | |
| CITY-ST-ZIP FT. LAUDERDALE FL 33334 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME PASSMORE, LAWRENCE | |
| STREET ADDRESS 120 E. OAKLAND PARK BLVD. #105 | |
| CITY-ST-ZIP FT. LAUDERDALE FL 33334 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Little
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000
 Date Daytime Phone #

CR2E034 (9/99)