2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 402402

1. Entity Name

COIN COPIES, INC.

FILED May 04, 2001 8:00 am Secretary of State 05-04-2001 90036 040 ***150.00

Principal Place of Business Mailing Address										
120 EAST OAKLAND PARK BLVD #105 T. LAUDERDALE FL 33334		120 EAST OAKLAND PARK BLVD #105 FT. LAUDERDALE FL 33334				548811				
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2. Principal F	Place of Business .	3. Malling Address			7				en then less	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	DO NOT WRIT	E IN THIS S	SPACE		
City & State		City & State			4.	4. FEI Number 59-1782159			Applied For lot Applicable	
Zip	Country Zip Co		Count	ry	5. Certificate of Status Desired			S8.75 Additional Fee Required		
<u> </u>	6. Name and Address of Current	Registered Agent			<u>- 7. 1</u>	Name and Address of New Re	egistered A	gent		
LITTLE BALL				Name .						
120	LE, PAUL East Oakland Park Blvd., #1!	05	Street Address		(P.O. E	(P.O. Box Number is Not Acceptable)				
FI. L	AUDERDALE FL 33334		,							
				City		,	FL	Zip Coo	et	
8. The above	named entity submits this statement for	or the purpose of changing it	s registere	d office or regist	ered ag	gent, or both, in the State of Flo	rida.			
•						·				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature requir	ed when re	einstating)	DATE			
9 ·This corpo	pration is eligible to satisfy its Intangible	FILE NOW	III FEE I	S \$150.00						
Tax filing :	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fina Trust Fund Contribution		\$5.0 Adde	00 May Be d to Fees	
11.	OFFICERS AND		12.		AD	DDITIONS/CHANGES TO OFFI	CERS AND			
TITLE NAME	PD Little, arthur	☐ Delete	TITLE	}				☐ Change	☐ Addition	
STREET ADDRESS 120 E. OAKLAND PARK BLVD. #105				T ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	- 	CITY-	ST-ZIP						
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CITY-ST-ZIP	partify that the information appalled with	s this filling does not qualify fo	CITY-S	ST-ZIP	\	140 07(2)(i) Elocido Statutos I	C	· · · · · · · · · · · · · · · · · · ·		

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

4/24/01

Daytime Phone #