## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # 852951** 1. Entity Name COPPENBARGER HOMES, INC. 03-01-2001 91341 014 \*\*\*158.75 Principal Place of Business Mailing Address 8713 PHILLIPS HWY. 8713 PHILLIPS HWY. JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 ししひんりょうひ 3. Mailing Address 2. Principal Place of Business 7700 SQUARE LAKE BLVO 7700 SQUARE LAKE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 73-1007340 Not Applicable JACKSONVIL \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Coppenbarger RONNIE Street Address (P.O. Box Number is Not Acceptable) COPPENBARGER, RONNIE D 8713PHILIPS HWY 7700 SQUARE LAKE JACKSONVILLE FL 32256 JACKSONVILLE 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 RONNIE D. COPPENBARGER FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VSD** TITLE ☐ Change Addition ☐ Delete TITLE STEPHENS, IDA-LOU NAME NAME STREET ADDRESS STREET ADDRESS 9630 HISTORIC OLD KINGS ROAD S. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 Change ☐ Addition TITLE Delete TITLE COPPENBARGER, IMOGENE L. NAME 4272 QUEENSWAY DR. STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32223 SAME) Change Addition TITLE Delete SAME) COPPENBARGER, RONNIE D. NAME 7700 SQUARE LAKE BLUD. 8713 PHILLIPS HWY. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256

NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JACKSON, WOLFE NAME NAME STREET ADDRESS STREET ADDRESS 5574 LOON LAKE CT CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: