

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 852951

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: COPPENBARGER HOMES, INC.

## Current Principal Place of Business:

7700 SQUARE LAKE BLVD  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

7700 SQUARE LAKE BLVD  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

FEI Number: 73-1007340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COPPENBARGER, RONNIE D  
7700 SQUARE LAKE BLVD  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete  
Name: STEPHENS, IDA-LOU  
Address: 9630 HISTORIC OLD KINGS ROAD S.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD ( ) Delete  
Name: COPPENBARGER, IMOGEN, E L.  
Address: 4272 QUEENSWAY DR.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD ( ) Delete  
Name: COPPENBARGER, RONNIE, D.  
Address: 7700 SQUARE LAKE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD ( ) Delete  
Name: JACKSON, WOLFE  
Address: 5574 LOON LAKE CT  
City-St-Zip: JACKSONVILLE, FL 32258

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOLFE JACKSON

V

04/29/2002

Electronic Signature of Signing Officer or Director

Date