

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F13271**

1. Entity Name
COPY'S UNIFORM CO.

Principal Place of Business
**4220 NORTH LAKE BLVD
PB GARDENS FL 33410**

Mailing Address

**4220 NORTH LAKE BLVD
PB GARDENS FL 33410**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2052233**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOODMARK, HARRY
811 N. OLIVE AVE.
WEST PALM BEACH FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**PD
ZIER, ALBERTO
107 EDWARDS LANE
PALM BEACH SHORES FL 33404**

**STD
ZIER, GUSTAVO
107 EDWARDS LANE
PALM BEACH SHORES FL 33404**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

Change Addition

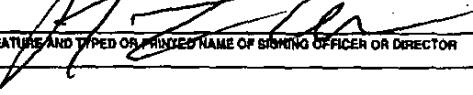
Change Addition

Change Addition

Change Addition

Change Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 5d-845-8265

Date

Daytime Phone #

CR2E034 (10/00)