

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F81454

1. Entity Name

COPEMAN BUILDERS, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90030 006 \*\*\*150.00

Principal Place of Business

5410 14TH STREET WEST  
BRADENTON FL 34207

Mailing Address

5410 14TH STREET WEST  
BRADENTON FL 34207-3329

00015133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

615 65TH ST CT N.W. 615 65TH ST. CT. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL.

City & State

BRADENTON, FL.

4. FEI Number

59-2210164

Applied For

Not Applicable

Zip

Country

Zip

Country

34209 USA.

34209 USA.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPEMAN, LARRY J  
615 65TH ST. CT. NW  
BRADENTON FL 34209

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
COPEMAN, LARRY J.  
615 65TH ST. CT. NW  
BRADENTON, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
COPEMAN, CONNIE S.  
615 65TH ST. CT. N. W.  
BRADENTON FL ☐ Delete

TITLE  
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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

Date

Daytime Phone #

*Larry J. Copeman* LARRY J. COPEMAN 2-3-00 941-794-3022