## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 09, 2002 8:00 am Secretary of State **DOCUMENT #** F81454 1. Entity Name COPEMAN BUILDERS, INC. 05-09-2002 90064 030 \*\*\*150.00 Principal Place of Business Mailing Address 615 65 ST CT NW 615 65 ST CT NW **BRADENTON FL 34209 BRADENTON FL 34209** DE BludMin L AUEBINDNW DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2210164 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COPEMAN, LARRY J Street Address (P.O. Box Number is Not Acceptable) 615 65TH ST. CT. NW **BRADENTON FL 34209** City 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition COPEMAN, LARRY J. NAME NAME 6504 7th AUE Blod N.W. BRAJENTON FL 34209 STREET ADDRESS 615 65TH ST. CT. NW STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 00000 CITY-ST-ZIP TITLE Delete TITLE Addition NAME COPEMAN, CONNIE S. NAME STREET ADDRESS 615 65TH ST. CT. N. W. STREET ADDRESS CITY-ST-7IP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (9/01)