

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90071 031 \*\*\*150.00

DOCUMENT # **F99000001415**

1. Entity Name  
**COPIA ASSOCIATES, INC.**



Principal Place of Business  
~~3531 BONITA BAY BLVD SUITE 300~~  
**BONITA SPRINGS FL 34134**

Mailing Address  
~~3531 BONITA BAY BLVD SUITE 300~~  
**BONITA SPRINGS FL 34134**



2. Principal Place of Business  
**8329 GLEN EAGLE WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**8329 GLEN EAGLE WAY**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**NAPLES, FL**  
Zip  
**34120** Country  
**COLLIER**

City & State  
**NAPLES, FL**  
Zip  
**34120** Country  
**COLLIER**

4. FEI Number **72-1094283**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COPIA, SAM F**  
~~3531 BONITA BAY BLVD STE 300~~ **8329 GLEN EAGLE WAY**  
~~BONITA SPRINGS FL 34134~~ **NAPLES, FL 34120**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SAM F. COPIA - PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable.

*Adam J. Copin*  
(NOTE: Registered Agent signature required when reinstating)

**2/7/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COPIA, SAM F</b> <b>270 ESTRELLITA DRIVE</b> <b>FT. MEYERS BEACH FL 33931</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COPIA, GRACE M</b> <b>270 ESTRELLITA DRIVE</b> <b>FT. MEYERS BEACH FL 33931</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Adam J. Copin* **2/7/03** **239-353-7492**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

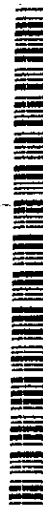


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FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

Attachment  
#F99000001415



TO:

COPI531\* 341342013 1C02 18 01/03/03  
NOTIFY SENDER OF NEW ADDRESS  
:COPIA ASSOCIATES  
8329 GLENDALE WAY  
NAPLES FL 34120-1658



*When he can new address as  
given to the Post Office*

*JLL*

*2/7/03*

FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
#431