

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G61321

1. Entity Name

COPIA BUSINESS SYSTEMS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90039 017 ***150.00

Principal Place of Business

Mailing Address

10060 AMBERWOOD ROAD
SUITE 2
FT. MYERS FL 33913
US

10060 AMBERWOOD ROAD
SUITE 2
FT. MYERS FL 33913-8522
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6160 Mid Metro Drive

6100 Mid Metro Dr.

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

59-2336284

Applied For

Not Applicable

Zip

33912

Country

us

Zip

33912

Country

us

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

WYNNE, MICHAEL A
2121 CRYSTAL DRIVE #13
FT. MYERS FL 33907

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

Mich Wynne

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 ☐ Delete
NAME P
STREET ADDRESS WYNNE, MICHAEL A
CITY-ST-ZIP 2121 CRYSTAL DRIVE #13
FORT MYERS FL 33907

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

Mich Wynne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #