

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90245 008 ***150.00

DOCUMENT # G76984

1. Entity Name
COPYCO OF CENTRAL FLORIDA, INC.



Principal Place of Business

1111 N. C.R. 427
STE. 161
LONGWOOD FL 32750
US

Mailing Address

P. O. BOX 150419
ALTAMONTE SPRINGS FL 32715-0419
US



2. Principal Place of Business

1111 N.C.R. 427

Suite, Apt. #, etc.

Ste 161

City & State
Longwood Florida

Zip

32750

Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Country

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2352272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HABRAKEN, SCOTT T

1111 N CR#427, SUITE #141

LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
Scott E. Meixsell

Street Address (P.O. Box Number is Not Acceptable)

1111 N.C.R. 427

Ste 161

City Longwood

FL

Zip Code
32750

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 Scott E. Meixsell Pres. Scott E. Meixsell

DATE 4/27/03

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

(NOTE: Registered Agent signature required when reinstating)

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
P
MEIXSELL, SCOTT
1111 N. CR 427 STE 141 Ste 161 - new
LONGWOOD FL 32750 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ENGLISH, PAT A
1111 N. CR 427 STE 141 Ste 161 - new
LONGWOOD FL 32750 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEIXSELL, JEAN A
1111 N. CR 427 STE 141 Ste 161 - new
LONGWOOD FL 32750 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
Note: only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
Suite # changed

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
Officers and physical

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1111 N.C.R. 427
Ste 161 Scott Meixsell
Longwood Fla 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1111 N.C.R. 427
Ste 161 Pat English S/T
Longwood Fla 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1111 N.C.R. 427
Ste 161 Jean Meixsell
Longwood, Fla 32750 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
Addresses remained same

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott E. Meixsell Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/27/03

DAYTIME PHONE # 407-426 9797

CR2E034 (10/02)