2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am **DOCUMENT # H91875** 1. Entity Name **Secretary of State** COPPENBARGER REALTY, INC. 03-01-2001 91341 012 ***158.75 Principal Place of Business Mailing Address 8713 PHILLIPS HIGHWAY 9713 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address 7700 SQUARE LAKE BLUD 7700 SQUARE LAKE BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2620961 JACKSONVILLE JACKSONVILL Not Applicable Country \$8.75 Additional .5. Certificate of Status Desired____ USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON WOLFE Street Address (P.O. Box Number is Not Acceptable) JACKSON, WOLFE W **8713 PHILIPS HIGHWAY** SQUARE LAKE BLUD JACKSONVILLE FL 32256 JACKSONVILLE 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. me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** (SAMB) Change Addition TITLE ☐ Delete TITLE (SAME) NAME COPPENBARGER, TONJA L. NAME STREET ADDRESS STREET ADDRESS 7700 SQUARE LAKE BLVD. 8713 PHILLIPS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL JACKSONVILLE, FL 32256 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.