## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1/0000						FILED			
DOCUMENT # K99288  1. Entity Name					May 09, 2000 8:00 am				
COPY W	RITE CUSTOM WRITING, INC	<b>).</b>					ry of Sta		
Principal Place of Business Mailing Address						05-09-2000	90001 042 ***150	0.00	
3343 SOUTHEAST 16TH PLACE 3343 SOUTHEAST 16TH CAPE CORAL FL 33904 CAPE CORAL FL 33900									
			•			i (4818)(1 818 (3)(8   1818 (188 (4)			
2. Principal P	lace of Business 2 Danah Conct	3. Mailing Address 6767 Danah Court							
Suite, Apt.	<u></u>	Suite, Apt. #, etc.			****		ITE IN THIS SPACE	tankad far	
City & State Fort Myers FL		City & State Fort Myers FL			4. FE	65-013005	08	Applied For lot Applicable	
<sup>Zip</sup> 3390		33908	Country し、S・			ertificate of Status Desired	□ \$8.75 A Fee Requi		
- ~	6. Name and Address of Current F	Registered Agent	Name	_	7. Na	me and Address of New	Registered Agent	_,	
PEARCE, ELIZABETH W. Street Address (					<b>5&amp;n</b> .O. Bo:	<b>ne</b> Number is Not Acceptabl	e)		
3343 SE 16 PLACE CAPE CORAL 33904			6	6767 Danah Court					
			City	for t	· '	Mers	Zip Co	de เ <b>รื่อ</b> 8	
8. The above	named entity submits this statement for	the purpose of changing its req	gistered office or	registered	d ager	nt, or both, in the State of F	orida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Re	egistered Agent signati	ure required w	men rein	stating)	DATE		
6 This					-				
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 2000	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		,	10. Election Campaign Fi Trust Fund Contribution		<b>00</b> May Be ed to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		ADC	ITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE	DP	☐ Delete	TITLE	5	Αr	m E	<b>△</b> -Enange	☐ Addition	
NAME	PEARCE, ELIZABETH W. 3843 SE 16 PLACE 67	67 DANAH CT.	NAME STREET ADDRESS		70	•	COURT		
STREET ADDRESS CITY-ST-ZIP	0010 02 10 12 10 1	myers FL 33908	CITY-ST-ZIP		_ `	nuers FL	33908		
TITLE	ON E COTOLLIE TOTAL	□ Delete	TITLE		011	33 12	☐ Change	☐ Addition	
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TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for th		ted in Sec	tion 1	19 07(3)(i) Florida Statutes	I further certify that the	information	
l indicated	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signature shall h	ave the sa	ame le	gal effect as it made under	oath: that I am an offic	er or director	

SIGNATURE: ELIZABETA W. PEARCE President Challes W. Reru, Gres. 4-26-00 (94)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR