

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90115 040 \*\*\*150.00

DOCUMENT # L81337

1. Entity Name  
COPPERHEAD, INC.

Principal Place of Business  
5300 NW 33RD AVE  
STE 118  
FT. LAUDERDALE FL 33309  
US

Mailing Address  
5300 NW 33RD AVE  
STE 118  
FT. LAUDERDALE FL 33309  
US

2. Principal Place of Business

9348 Happy Trail

3. Mailing Address

9348 Happy Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Brooksville, FL

City & State  
Brooksville, FL

4. FEI Number 65-0200256

Applied For  
Not Applicable

Zip  
34601

Country  
USA

Zip  
34601

Country  
USA

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

ROBINSON, TIMOTHY P.  
13001 MUSTANG TRAIL  
FT. LAUDERDALE FL 33330

Name

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

9348 Happy Trail

City Brooksville FL Zip Code 34601

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 Tim Robinson, Timothy P. Robinson 4/12/01

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, 2001 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 DPT  
NAME ROBINSON, TIMOTHY P.  
STREET ADDRESS 13001 MUSTANG TRAIL  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE DPT  
NAME Robinson, Timothy P.  
STREET ADDRESS 9348 Happy Trail  
CITY-ST-ZIP Brooksville, FL 34601 ☒ Change ☐ Addition

TITLE DS  
NAME FERRIES-ROBINSON, LUANNE  
STREET ADDRESS 13001 MUSTANG TRAIL  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE DS  
NAME FERRIES-ROBINSON, LUANNE  
STREET ADDRESS 9348 Happy Trail  
CITY-ST-ZIP Brooksville, FL 34601 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tim Robinson, Timothy P. Robinson 4/12/01 352-797-6400

CR2E034 (10/00)