## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 07, 2001 8:00 am Secretary of State **DOCUMENT # L95001** J & S COPY CORE, INC. 02-07-2001 90172 033 \*\*\*158.75 Principal Place of Business Mailing Address 528 WYNNWOOD DR. 528 WYNNWOOD DR. BRANDON FL 33511 BRANDON FL 33511-7999 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3030244 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURDETT, SHERYL L. Street Address (P.O. Box Number is Not Acceptable) **528 WYNNWOOD DRIVE BRANDON FL 33511** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change ☐ Delete TITI F ☐ Addition BURDETT, SHERYL LEE NAME NAME STREET ADDRESS **528 WYNNWOOD DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Delete TITLE Change ☐ Addition NAME BURDETT, JOSEPH NAME STREET ADDRESS 528 WYNNWOOD DR. STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

Tuspoh Burdett SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRE