

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000995

1. Entity Name
COPERNICUS TECHNOLOGIES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business
10151 UNIVERSITY BLVD., SUITE 164
ORLANDO FL 32817

Mailing Address
10151 UNIVERSITY BLVD., SUITE 164
ORLANDO FL 32817-1904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
309 N. PARK AVE
Suite, Apt. #, etc.

3. Mailing Address
309 N. PARK AVE
Suite, Apt. #, etc.

City & State
WINTER PARK FL
Zip
32789
Country
US

City & State
WINTER PARK FL
Zip
32789
Country
US

4. FEI Number
59-3500047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAIL BOXES ETC.
10151 UNIVERSITY BLVD., SUITE 164
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name
BARI MEN'S INC
Street Address (P.O. Box Number is Not Acceptable)
309 N. PARK AVE
City
WINTER PARK FL Zip Code
32789

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 Michael Scully MICHAEL SCULLY, I.S. MGR 4/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCULLY, MICHAEL 10151 UNIVERSITY BLVD., SUITE 164 ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PICCOLO, FREDERICK 10151 UNIVERSITY BLVD., SUITE 164 ORLANDO FL 32817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KUTIK YOUSUF 120 ARCHERS POINT LONGWOOD FL 32799	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)