2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 17, 2001 8:00 am Secretary of State 2 P0000015642. DOCUMENT # 1. Entity Name COPIES TODAY, INC. Principal Place of Business : Mailing Address 2151 W. BUSH BLVD. 2151 W. BUSH BLVD. **TAMPA FL 33612** TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTER NEMETH DA FONTE, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 2153 W. BUSCH BLVd. 1000 BELCHER RD. SOUTH, SUITE 2 LARGO FL 33771 Zip Code 336/2 City TAMOA 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. \Box 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 (5/01)Delete TITLE TITLE DRESIDENT ☐ Addition Change WALTER NEMETH NAME DAFONTE, RICHARD J NAME STREET ADDRESS 1000 BELCHER RD. SOUTH, SUITE 2 STREET ADDRESS 2153 W. BUSCH BLUN. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 LARGO FL 33771 ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ~ □ Dèlete TITLÈ Change-☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 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.

FILED