2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000056443

1. Entity Name

City & State

COPIN, JOSE A

LONGWOOD FL 32750

the obligations of registered agent.

Country

1991 CORPORATE SQUARE, UNIT 165

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Zip

SIGNATURE

JOSE A. COPIN, INC.



Country

Name

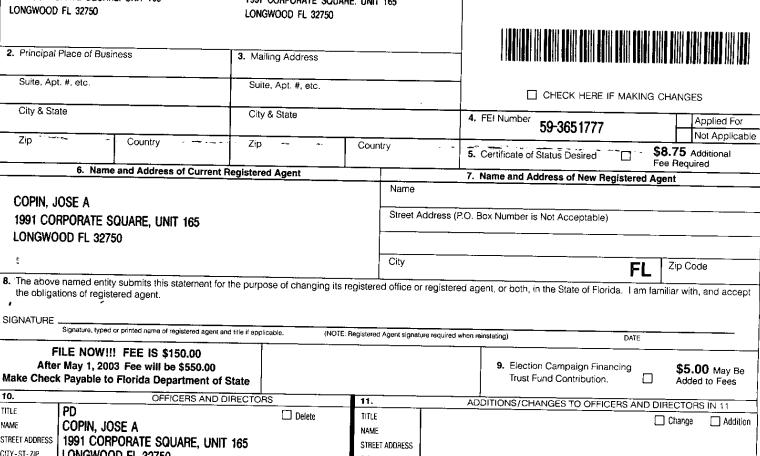
City

Principal Place of Business Mailing Address 1991 CORPORATE SQUARE, UNIT 165 1991 CORPORATE SQUARE, UNIT 165 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90671 046 ***150.00



Make Check Payable to Florida Department of State				Irust Fund Contribution.	☐ Adde	d to Fees
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	2 141 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPIN, JOSE A 1991 CORPORATE SQUARE, UNIT 165 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP COPIN, LEIGH 1991 CORPORATE SQUARE, UNIT 165 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 7IP		☐ Change	Addition

12. I hereby certify that the informa indicated on this report or supp sn 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 extends 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an attack

SIGNATURE: