

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 21, 2001 8:00 am  
Secretary of State

04-23-2001 90139 050 \*\*\*150.00

DOCUMENT # P00000059639

1. Entity Name

AMERICAN COLORCARD EXPRESS, INC.

Principal Place of Business

11412 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

Mailing Address

11412 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

2. Principal Place of Business

11471 W. SAMPLE RD. STE. 33

3. Mailing Address

11471 W. SAMPLE RD. STE. 33

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-1025849

Applied For

Not Applicable

Zip

33065

Country

Zip

33065

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBIN, MARC  
11412 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name  
KOPLOFF, REGAN MCCOY-

Street Address (P.O. Box Number is Not Acceptable)  
11471 W. SAMPLE RD. STE. 33

City  
CORAL SPRINGS

FL

Zip Code  
33065

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 *X Regan Koploff*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPLOFF, REGAN MCCOY 5685 NW 121 AVENUE CORAL SPRINGS FL 33076 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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: *X Regan Koploff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)