2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State
04-23-2003 90284 017 ***150.00

DOCUMENT # P00000082039

1. Entity Name
THE COPY PROS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
4202 S. ORANGE AVE ORLANDO FL 32806	4202 S. ORANGE AVE ORLANDO FL 32806

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4202 S. Orange Ave. Suite, Apt. #, etc.	4202 S. Orange Ave. Suite, Apt. #, etc.
City & State: Orlando, Fl.	City & State: Orlando, Fl.
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number 59-3671525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, PETER 4116 WINDERLAKES DRIVE ORLANDO FL 32835	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, PETER 4116 WINDERLAKES DRIVE ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D (Pres.) BAILEY, PETER 1975 Sir Lancelot Cr. St. Cloud, Fl. 34772	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RENTA, VICTOR 4912 MAYBELLA ISLE DR ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~RENTA, VICTOR~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HERMON BATTLE (VP) 2520 Caribbean Ct. Orlando, Fl. 32805	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Bailey REQUIRED 4/20/03 407-292-1971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #