

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90041 049 ***150.00

DOCUMENT # P00000092815

1. Entity Name
COPPEN ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**562 KING STREET
JACKSONVILLE FL 32204**

**562 KING STREET
JACKSONVILLE FL 32204**

2. Principal Place of Business

562 King St.
Suite, Apt. #, etc.

3. Mailing Address

562 King St.
Suite, Apt. #, etc.

City & State

Jacksonville, FL
Zip **32204** Country **USA**

City & State

Jacksonville, FL
Zip **32204** Country **USA**

4. FEI Number

59-2855846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COPPEN, WALTER G
562 KING STREET
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name **Walter G. Coppen**
Street Address (P.O. Box Number is Not Acceptable)

562 King St.
City **Jacksonville, FL** Zip Code **32204**

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 **Walter G. Coppen**
Signature, typed or printed name of registered agent; and if applicable, (NOTE: Registered Agent's signature required when reinstating)

02/15/01
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 **D** ☐ Delete
NAME **COPPEN, WALTER G**
STREET ADDRESS **2366 FERNVIEW DRIVE**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Walter G. Coppen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/01 (904) 394-5500
DATE Daytime Phone #

CR2E034 (10/00)