

FILED
Mar 18, 2004 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P00000115548 1. Entity Name COPY CENTER OF ORANGE PARK INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;">Principal Place of Business 2177 KINGSLEY AVE, UNIT 11 ORANGE PARK, FL 32073</div><div style="width: 45%;">Mailing Address 2177 KINGSLEY AVE, UNIT 11 ORANGE PARK, FL 32073</div></div>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 20px;">Secretary of State</div> <div style="margin-bottom: 20px;"></div> <div style="display: flex; justify-content: space-around; font-size: 12px;">03012004 No Chg-P CR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"><div>4. FEI Number 59-3689335</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; font-size: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																													
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<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">8. Name and Address of Current Registered Agent</div> <div style="padding: 5px;">DANIELS, STEVEN R 2177 KINGSLEY AVE, UNIT 11 ORANGE PARK, FL 32073</div>	DO NOT WRITE IN THIS SPACE																																														
<div style="font-size: 10px;">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.</div> <div style="display: flex; justify-content: space-between; font-size: 10px; margin-top: 5px;"><div>SIGNATURE _____</div><div>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																															
<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 12px;">FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</div>	<div style="border: 1px solid black; padding: 5px; font-size: 10px;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div>																																														
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse; font-size: 10px;"><tr><td style="width:10%; font-size: 8px;">TITLE</td><td style="width:10%; font-size: 8px;">NAME</td><td style="width:80%; padding: 5px;">D DANIELS, STEVEN R 2177 KINGSLEY AVE, UNIT 11 ORANGE PARK, FL 32073</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	NAME	D DANIELS, STEVEN R 2177 KINGSLEY AVE, UNIT 11 ORANGE PARK, FL 32073	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME		STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME		STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME		STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME		STREET ADDRESS			CITY-ST-ZIP			<div style="font-size: 14px; margin-bottom: 20px;">U000000091375 03/18/04-80005-007 150.00</div> <div style="font-size: 24px; font-weight: bold; margin-bottom: 20px;">DO NOT WRITE IN THIS SPACE</div>
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<div style="font-size: 10px;">12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</div> <div style="display: flex; justify-content: space-between; align-items: flex-end; font-size: 12px;"><div style="width: 40%;">SIGNATURE: </div><div style="width: 30%; text-align: center;">Date: 3-17-04</div><div style="width: 30%; text-align: center;">Daytime Phone #: 904-212-8939</div></div> <div style="font-size: 8px; margin-top: 5px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>																																															