2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P01000026313

1. Entity Name

WES HENDEE COPIER ONE OF FLORIDA, INC.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90188 016 ***150.00

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Principal Place of Business 5536 TANGELO STREET LEESBURG FL 34848-8995		Mailing Address 5536 TANGELO STREET LEESBURG FL 34848-8995					
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2. Principal	Place of Business	3. Mailing Address		*			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	ING CHANGI	ze.	
City & Sta	ate	City & State			4 EEI Number		Applied For
Zip	Country	Zip	Country		59-3719992		Not Applicabl
		·	Country	ľ	5. Certificate of Status Desired	\$8.75 A Fee Requ	
	6. Name and Address of Curr	rent Registered Agent		-	7: Name and Address of New Register		
HENDEE	, WESLEY H		l N	lame	-		
5536 TANGELO STREET			Street Address		(P.O. Box Number is Not Acceptable)		
LEESBUF	RG FL 34848-8995		}				· · · · · ·
			C	ity	<u> </u>	Zip Co	ode
8. The above	e named entity submits this statemen	nt for the purpose of changi	ng its registered of	ffice or registere	ed agent, or both, in the State of Florida. I a	m familiar wit	h and acces
the obliga	ations of registered agent.			J	specific state state states at the state of the state	an carnical with	п, апо ассері
SIGNATURE	Signature, typed or printed name of registered a		<u> </u>				
F		уелт ала вце и аррисаріе.	(NOTE: Registered Ager	Ot signature required w	when reinstating) DATE		
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•	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.	00		-			00 May Ba
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen	00 t of State			9. Election Campaign Financing Trust Fund Contribution.	\$5.	00 May Be
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. If turther certify that the information 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

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR