2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

05 MAY 31 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000658 AV

DOCUMENT # P01000026483

Entity Name
FORUM COPY CENTER OF W.P.B., CO.

Principal Place of Business	Mailing Address
1653 Forum Place West Palm Beach FL, 33409	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT

4. FEI Number 65-1086659

Accepted By
Not Acceptable

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
CORBO, MICHAEL J ~~1011 10TH CT.~~ 1653 FORUM Place ~~JUPITER FL 33477~~ West Palm Beach, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) 1653 FORUM PLACE City West Palm Beach FL Zip Code 33401

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 _____ 5/26/05
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
After September 13, 2002 Fee will be $
Make Check Payable to Department of S

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TLE AME REET ADDRESS TY-ST-ZIP	PSD CORBO, MICHAEL J ~~1011 10TH CT.~~ 1653 Forum PLACE ~~JUPITER FL 33477~~ West Palm Beach FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400056148604 06/14/05--01030--015 **150.00
TLE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400056148884 06/14/05--01030--016 **150.00
TLE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TLE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 12 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/05 (561)684-3290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (4/02)