

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90222 005 ***150.00

DOCUMENT # P01000077359

1. Entity Name
COPPERTANS, INC.

Principal Place of Business

**21450 BLAZING STAR LN.
TALLAHASSEE FL 32310**

Mailing Address

**21450 BLAZING STAR LN.
TALLAHASSEE FL 32310**

80134095



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1140 Capital Circle SE
Suite, Apt. #, etc. Unit #3
City & State Tallahassee, FL.
Zip 32301 Country Leon**

3. Mailing Address

**1140 Capital Circle SE
Suite, Apt. #, etc. Unit #3
City & State Tallahassee, FL.
Zip 32301 Country Leon**

4. FEI Number
01-037899

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEDLEY, CARMIN
21450 BLAZING STAR LN.
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEDLEY, CARMIN 21450 BLAZING STAR LN. TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment
P01000077359

TO WHOM IT MAY CONCERN,

I DID NOT RECIEVE A ANNUAL REPORT PRIOR TO THIS NOTICE. I CALLED YOUR OFFICE AND TOLD THEM THAT MY BUSINESS DID NOT OPEN TILL MID FEBURARY OF THIS YEAR. I WAS TOLD THAT THE \$400.00 PENALTY WOULD BE WAIVED AND TO SEND ONLY \$150.00. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT (850) 656-1200.

THANK YOU

Carmin S Nedley

CARMIN NEDLEY