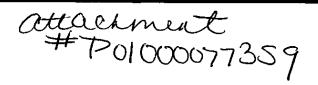
## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 13, 2002 8:00 am Secretary of State DOCUMENT # P01000077359 1. Entity Name 08-13-2002 90222 005 \*\*\*150.00 COPPERTANS, INC. Principal Place of Business Mailing Address 21450 BLAZING STAR LN. 21450 BLAZING STAR LN. R0134095 TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 rincipal Place of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NEDLEY, CARMIN** Street Address (P.O. Box Number is Not Acceptable) 21450 BLAZING STAR LN. TALLAHASSEE FL 32310 City 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** typed or printed name of registered agent and title if applicable signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE CR2E034 (4/02) Change Change Addition NAME NEDLEY, CARMIN NAME STREET ADDRESS 21450 BLAZING STAR LN. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-ZIP \_ Delete TITLE Change Addition NAME NEDLEY, TODD STREET ADDRESS 21450 BLAZING STAR LN. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÉ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attack ment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #



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 NEDLEY**