

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90090 047 ***150.00

DOCUMENT # P01000101245

1. Entity Name

COPY CENTRAL OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**1233 F S MILITARY TRAIL
W PALM BCH FL 33415**

**1233 F S MILITARY TRAIL
W PALM BCH FL 33415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1144920

Applied For

Not Applicable

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

**GOODFELLOW, MICHAEL
1233 F S MILITARY TRAIL
W PALM BCH FL 33415**

Laura Goodfellow

Name

Laura Goodfellow

Street Address (P.O. Box Number is Not Acceptable)

1233 F S Military Trail

City

West Palm Beach

FL

Zip Code

33415

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.

SIGNATURE

Laura Goodfellow

(NOTE: Registered Agent signature required when reinstating)

4/23/02

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 \$150.00

After May 1, 2002 Fee will be \$550.00

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	D	<input checked="" type="checkbox"/> Delete
NAME	GOODFELLOW, MICHAEL	
STREET ADDRESS	1233 F S MILITARY TRAIL	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, KEN	
STREET ADDRESS	524 N A ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goodfellow, Laura	
STREET ADDRESS	1233 F S Military Trail	
CITY-ST-ZIP	West Palm Beach FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura Goodfellow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (361) 642-5185

Date

Daytime Phone #