


05-05-2003 90379 026 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | |
|---|--|--|
| DOCUMENT # P02000004301 1. Entity Name COPSHOP.COM, INC. | |  |
| Principal Place of Business 6260 WILES RD #202 CORAL SPRINGS, FL 33067 | | Mailing Address 6260 WILES RD #202 CORAL SPRINGS, FL 33067 |
| 2. Principal Place of Business 38240 SABAL WAY Suite, Apt. #, etc. | | 3. Mailing Address 38240 SABAL WAY Suite, Apt. #, etc. |
| City & State UMATILLA FL | | City & State UMATILLA FL |
| Zip 32784 | Country US | Zip 32784 |
| 4. FEI Number 35-2158697 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent WAYNE, KIM 6260 WILES RD #202 CORAL SPRINGS, FL 33067 | | 7. Name and Address of New Registered Agent Name DENNIS WAYNE Street Address (P.O. Box Number is Not Acceptable) 38240 SABAL WAY City UMATILLA FL Zip Code 32784 |
| 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, the registered agent. SIGNATURE <i>Dennis Wayne</i> DATE 3-31-03 <small>Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent's ground required when resigning)</small> | | |
| FILE NOW WITH FEES IS \$160.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WAYNE, KIM 6260 WILES RD #202 CORAL SPRINGS, FL 33067 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KIM WAYNE 38240 SABAL WAY UMATILLA FL 32784 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES DENNIS WAYNE 38240 SABAL WAY UMATILLA FL 32784 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE <i>Dennis Wayne</i> | | Date 3-31-03 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Daytime Phone #</small> |

11038675



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)