

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90135 015 ***158.75

DOCUMENT # P02000007186

1. Entity Name
COPY MACHINES, INC.



Principal Place of Business
1927 N.W. HWY 19
CRYSTAL RIVER FL 34428

Mailing Address
P.O. BOX 492722
LEESBURG FL 34749

20027322



2. Principal Place of Business

3. Mailing Address

1927 NW.HWY. 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Crystal River, Fl.

Zip

Country

Zip

Country

34428

Citrus

4. FEI Number

04-3598484

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Richard Crews

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

1927 NW.HWY. 19

City

Crystal River, Fl.

FL

Zip Code

34428

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.

Richard E. Crews President

3/18/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST**
NAME **STOLLAR, JULIE** ☒ Delete
STREET ADDRESS **1927 N.W. HWY 19**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **P.V.S.T.**
NAME **Richard Crews** ☒ Change ☒ Addition
STREET ADDRESS **1927 NW. HWY. 19**
CITY-ST-ZIP **Crystal River, Fl. 34428**

TITLE **V**
NAME **CREWS, RICHARD** ☐ Delete
STREET ADDRESS **1927 N.W. HWY 19**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Crews, President 3/18/03

Date

Daytime Phone #

CR2E034 (10/02)