

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90212 001 ***150.00

DOCUMENT # P02000040978

1. Entity Name

COPIERS PLUS +, INC.



Principal Place of Business

**6823 OLD RANCH ROAD
SARASOTA FL 32421**

Mailing Address

**6823 OLD RANCH ROAD
SARASOTA FL 32421**

2. Principal Place of Business

115 CORPORATION WAY

3. Mailing Address

115 CORPORATION WAY

Suite, Apt. #, etc.

UNIT A

Suite, Apt. #, etc.

UNIT A

City & State

VENICE, FL

City & State

VENICE, FL

Zip

34292

Country

Zip

34292

Country

4. FEI Number

03-0439040

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

**PATRICK, CARL EDWARD
6823 OLD RANCH ROAD
SARASOTA FL 32421**

7. Name and Address of New Registered Agent

Name

SCOTT MARQUARDT SCOTT MARQUARDT

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

3922 DUNN DR. 3922 DUNN DR.

City

SARASOTA SARASOTA FL

Zip Code

34237 34237

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

SCOTT MARQUARDT 4/8/03

Signature, typed or printed name of registered agent and date if applicable.

(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

TITLE **D** ☐ Delete
NAME **MARQUARDT, SCOTT**
STREET ADDRESS **3922 DUNN DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

941-486-8668

Date

Daytime Phone #

CR2E034 (10/02)