

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

DOCUMENT # **P02000065133**

1. Entity Name
COPPER INTERIORS, INC.



Principal Place of Business
3550 WOODS EDGE CIRCLE, SUITE 103D
BONITA SPRINGS FL 34134

Mailing Address
3550 WOODS EDGE CIRCLE, SUITE 103D
BONITA SPRINGS FL 34134

2. Principal Place of Business
3380 Woods Edge Cir, #101

3. Mailing Address
3380 Woods Edge Cir. #101

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number

61-11336-29

Applied For

Not Applicable

Zip
34134

Country
USA

Zip
34134

Country
USA

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

**ATKINS, LYNN
27167 OAKWOOD LAKE DRIVE
BONITA SPRINGS FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)
**15532 Montcrosse Lane
#101**

City

Naples

FL

Zip Code
34110

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 **Lynn Atkins, President**

Signature, typed or printed name of registered agent and title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, LYNN 27167 OAKWOOD LAKE DRIVE BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15532 Montcrosse Lane #101 Naples, FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Lynn Atkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Atkins, President

Date

Daytime Phone #

**FILED
Apr 09, 2003 8:00 am
Secretary of State**

04-09-2003 90109 017 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)