

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90051 044 ***150.00

DOCUMENT # P93000017929

1. Entity Name
COPY-N-LAW, INC.

Principal Place of Business

**100 W KENNEDY BLVD
 SUITE 708
 TAMPA FL 33602
 US**

Mailing Address

**% RICHARD COTTER
 6100 ESTER BLVD.
 FT MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0400703

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COTTER, RICHARD T
 6100 ESTERO BLVD.
 FORT MYERS BEACH FL 33931**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **DPST** ☐ Delete
 NAME **TREON, NANCY**
 STREET ADDRESS **14972 HICKORY GREEN COURT**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☒ Change ☐ Addition
 NAME **815 CAPRI BLVD.**
 STREET ADDRESS **TREASURE ISLAND, FL**
 CITY-ST-ZIP **33706**

TITLE **VPT** ☐ Delete
 NAME **TREON, PATRICK L.**
 STREET ADDRESS **14972 HICKORY GREEN CT**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☒ Change ☐ Addition
 NAME **815 CAPRI BLVD.**
 STREET ADDRESS **TREASURE ISLAND, FL**
 CITY-ST-ZIP **33706**

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 STREET ADDRESS
 CITY-ST-ZIP

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 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:

PATRICK L. TREON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 813-229-9100

Date

Daytime Phone #

CR2E034 (9/01)