

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90108 023 ***150.00

DOCUMENT # 994000011059

1. Entity Name

COPE COMPUTER CONSULTING INC

DO NOT WRITE IN THIS SPACE

40079728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1655 THE GREENS WAY #2314

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
JACKSONVILLE BEACH, FL

City & State

4. FEI Number
59-3227292

Applied For

Not Applicable

Zip
32250-2462

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
COPE, JONATHAN P.

Street Address (P.O. Box Number is Not Acceptable)
1655 THE GREENS WAY #2314

City
JACKSONVILLE BEACH

FL

Zip Code
32250

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. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COPE, JONATHAN P.
1655 THE GREENS WAY #2314
JACKSONVILLE BEACH, FL 32250

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JONATHAN P. COPE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 904 273 8813