

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90253 041 \*\*\*150.00

DOCUMENT # 094000011059

1. Entity Name

COPE COMPUTER CONSULTING INC

**DO NOT WRITE IN THIS SPACE**

**60035621**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

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.

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

TITLE  
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**DO NOT WRITE  
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)(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 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

904 273-8813

Daytime Phone #