

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

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 040 ***150.00

DOCUMENT # P94000011059	
1. Entity Name	
COPE COMPUTER CONSULTING INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1655 THE GREENS WAY Suite, Apt. #, etc. 2314 City & State JACKSONVILLE, FL Zip 32250-2462		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number 59-3227292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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40118961

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name COPE, JONATHAN	
Street Address (P.O. Box Number is Not Acceptable) 1655 THE GREENS WAY, APT # 2314	
City JACKSONVILLE	Zip Code 32250-2462

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPE, JONATHAN 1655 THE GREENS WAY, APT # 2314 JACKSONVILLE, FL 32250-2462
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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:

[Signature] JONATHAN COPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/07
Date

903 273-8813
Daytime Phone #