

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

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90003 023 ***150.00

| | |
|------------------------------|--------------|
| DOCUMENT # | P94000011059 |
| 1. Entity Name | |
| COPE COMPUTER CONSULTING INC | |

DO NOT WRITE IN THIS SPACE

40107028

| | | | |
|--|----------------|---------------------------|----------------|
| 2. Principal Place of Business 1655 THE GREENS WAY #2314 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State JACKSONVILLE BEACH, FL | | City & State | |
| Zip 32250-2462 | Country | Zip | Country |

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| | |
|---|---|
| 4. FEI Number 59-3227292 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

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IN THIS SPACE**

| | |
|--|------------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name COPE, JOHNATHAN | |
| 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 | | 11. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COPE, JOHNATHAN 1655 THE GEENS WAY #2314 JACKSONVILLE BEACH, 22250 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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:  **JOHNATHAN COPE** **5/1/2008** **904 424-5349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #