

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079750

1. Entity Name

~~COPRINTER CO.~~ *FORBES MANAGEMENT SERVICES*

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90423 009 ***158.75

Principal Place of Business

8939 NW 152ND LANE
MIAMI FL 33016

Mailing Address

~~486 SALEM DR~~ *8613 FALLS RUN*
~~LANCASTER PA 17601~~ *SUITE I*
ELLICOTT CITY, MD

753030

2. Principal Place of Business

3. Mailing Address

21043
8613 FALLS RUN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

ELLICOTT CITY, MD

Zip

Country

Zip

Country

21043

USA

4. FEI Number

65-0613568

Applied For

Not Applicable

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

SANDNES, MICHAEL L
8939 NW 152ND LANE
MIAMI FL 33016

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's 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, 2001 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	<i>PRESIDENT & CEO</i>	<input type="checkbox"/> Delete
NAME	SANDNES, MYRNA L	
STREET ADDRESS	8939 NW 152ND LANE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	<i>STP Sec. / Treas.</i>	<input type="checkbox"/> Delete
NAME	SANDNES, MICHAEL L	
STREET ADDRESS	8939 NW 152ND LANE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, or both, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Sandnes / Director 4/12/01

Date

Daytime Phone #

CR2E034 (10/00)