

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90023 007 ***150.00

DOCUMENT # P96000035858

1. Entity Name
PREMIER COPY CENTER, INC.

Principal Place of Business
1012-A EAST SILVER SPRINGS BLVD.
OCALA FL 34470

Mailing Address
1012-A EAST SILVER SPRINGS BLVD.
OCALA FL 34470

2. Principal Place of Business
807 SW 3rd Ave.

3. Mailing Address
← same

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.

City & State
OCALA FL

City & State

Zip
34474

Country
MARION

Zip

Country

4. FEI Number **59-3377264**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MARSHALL, MICHAEL F
4804 NE 8TH STREET
OCALA FL 34470

7. Name and Address of New Registered Agent

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, MICHAEL F	
STREET ADDRESS	4804 NE 8TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. MICHAEL MARSHALL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-02 352-732-0719

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Premier Copy Center, Inc.

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P910000035858

1012-A E. Silver Springs Blvd. • Ocala, FL 34470 • (352) 732-0719 • FAX (352) 867-1666

9-4-02

Dear Person at FL Dept. of State

This is the first notice Premier Copy Center Inc.
has received. I therefore request the late fee
be waived and submit to you the original 150th
filing fee.

Thank you for your consideration in the
above

Sincerely

Michael M. Haidle
Director