

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90295 020 \*\*\*150.00

**DOCUMENT # P96000058006**

1. Entity Name

COPPER HEAD METAL WORKS, INC.

Principal Place of Business

1301 RIVERPLACE BLVD., SUITE 740  
JACKSONVILLE FL 32207

Mailing Address

POST OFFICE BOX 16874  
JACKSONVILLE FL 32245

2. Principal Place of Business

3099 Leon Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 3

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3389559

Applied For

Not Applicable

Zip

Country

Zip

Country

32246 Duval

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

LANDAU, FRANCINE CLAIR-ESQ.  
1301 RIVERPLACE BLVD., SUITE 740  
JACKSONVILLE FL 32207

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 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, 2002 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 ☐ Delete  
NAME D MORRIS, DOUGLAS J  
STREET ADDRESS 1835 HILLTOP BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D MAXEY, DONALD A  
STREET ADDRESS 2922 MYRA STREET  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2106 Euclid Street  
CITY-ST-ZIP Jacksonville, FL 32210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Douglas J Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)