

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077503

1. Entity Name

COPIES PLUS..., INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90035 031 ***150.00

Principal Place of Business

3301 GARDENIA AVENUE
101
ORLANDO FL 32805
US

Mailing Address

3301 GARDENIA AVENUE
101
ORLANDO FL 32805-6633
US

2. Principal Place of Business

13327 WHISPER BAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

13327 WHISPER BAY DRIVE

Suite, Apt. #, etc.

City & State

CLERMONT FLORIDA

City & State

CLERMONT FLORIDA

4. FEI Number

59-3402356

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

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

RAHMAN, JOSEPH
2482 WHISPERING MAPLE DRIVE
ORLANDO FL 32837

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

5/1/00

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, 2000 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
STREET ADDRESS RAHMAN, JAMES E
CITY-ST-ZIP 11835 WHISPERING TREE AVE.
ORLANDO FL 32837

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13327 WHISPER BAY DRIVE
CITY-ST-ZIP CLERMONT FLORIDA 34711

TITLE ☐ Delete
NAME D
STREET ADDRESS RAHMAN, JOSEPH C
CITY-ST-ZIP 2482 WHISPERING MAPLE DRIVE
ORLANDO FL 32837

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)