

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

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90026 021 ***150.00

DOCUMENT # P96000087387	
1. Entity Name MULBERRY COPY CENTER, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 709 N. CHURCH AVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 320 Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State MULBERRY, FL	City & State MULBERRY, FL	4. FEI Number 59-3399909	Applied For No. Applicable
Zip 33860	Country USA	Zip 33860	Country USA
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JEFFREY LONG	
Street Address (P.O. Box Number is Not Acceptable) 2581 SUNDANCE CIR.	
City MULBERRY	FL Zip Code 33860

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 date of appointment

NOTAR Public signature (required when notarizing)

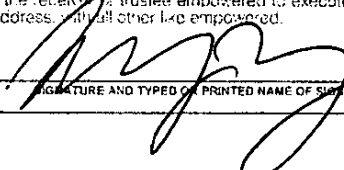
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN L. LONG 2581 SUNDANCE CIR. MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JEFFREY L. LONG 2581 SUNDANCE CIR. MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or that I am otherwise empowered.

SIGNATURE:  **JEFFREY LONG** 5/16/05 863-425-1659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E034B (12/02)