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	3. Mailing Address
709 N. CHURCH AVE	P.O. BOX 320
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: MULBERRY, FL	City & State: MULBERRY, FL
Zip: 33860 Country: USA	Zip: 33860 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3399909 ☐ Applied For ☐ Not Applicable

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 title if applicable NOTE: Registered Agent signature required when reinstating 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	PRESIDENT	TITLE	
NAME	JONI L. LONG	NAME	
STREET ADDRESS	2581 SUNDANCE CIR.	STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	JEFFREY L. LONG	NAME	
STREET ADDRESS	2581 SUNDANCE CIR.	STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JEFFREY LONG 5/16/05 863-425-1659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #