

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097803

1. Entity Name

COPY WRITE GRAPHICS OF OCALA, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90038 040 \*\*\*150.00

Principal Place of Business

1012 EAST SILVER SPRINGS BLVD., SUITE A  
 OCALA FL 34470

Mailing Address

1012 EAST SILVER SPRINGS BLVD., SUITE A  
 OCALA FL 34470-6777

2. Principal Place of Business

1515 E Silver Springs Blvd

Suite, Apt. #, etc.  
 Suite 105

City & State  
 OCALA FL

Zip  
 34470

Country  
 USA

3. Mailing Address

1515 E Silver Springs Blvd

Suite, Apt. #, etc.  
 Suite 105

City & State  
 OCALA, FL

Zip  
 34470

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3417415

Applied For  
 Not Applicable

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

FOSTER, WENDY J.

1012 EAST SILVER SPRINGS BLVD., SUITE A  
 OCALA FL 34470

Name

Street Address (P.O. Box Number is Not Acceptable)

1515 E Silver Springs Blvd  
 Suite 105

City  
 OCALA

FL

Zip Code  
 34470

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, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PSD  
 FOSTER, WENDY J.  
 2855 S.E. 50TH STREET  
 OCALA FL 34480 ☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)