

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046635

1. Entity Name

QUICK COPIER SERVICE, INC.

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

05-22-2000 90033 001 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 656
 TARPON SPRINGS FL 34689

6441 WOODLAND LANE
 NEW PORT RICHEY FL 34653-4344
 US

2. Principal Place of Business

3. Mailing Address

1072 Mainsail Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tarpon Springs, FL

Zip

Country

Zip

Country

34689

USA

4. FEI Number 59-3442535

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

TAX-A-MISER, INC.
 6441 WOODLAND LANE
 NEW PORT RICHEY FL 34653

Name

Tax-Ticians, Inc

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

6441 Woodland Lane

City

New Port Richey

FL

Zip Code

34653

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

Kelly L. Orr, Kelly Orr Tax-Ticians, Inc 4-30-00

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 PT
 NAME WARRELL, DEBORAH S
 STREET ADDRESS 1072 MAINSAIL DRIVE
 CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

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

TITLE VPS
 NAME WARRELL, THOMAS B
 STREET ADDRESS 1072 MAINSAIL DRIVE
 CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

Thomas B. Warrell Thomas Warrell

4-30-00

Date

(727) 846-2271

Daytime Phone #

CR2E034 (9/99)