## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000084225

## COPPER PLATE MUSIC PUBLISHING INC.

Principal Place of Business 22002 DARLEY PL

Mailing Address

22002 DARLEY PL

LAND O LAKES FL 34639-4505 LAND O LAKES FL 34639 US

## **FILED** Mar 28, 2000 8:00 am Secretary of State 03-28-2000 90009 042 \*\*\*150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State	•	City & State		4. 1	4. FEI Number 59-3476483				Applied For Not Applicable		
Zip .	Country	Zip	Country	5. (	Certificate of State	us Desire	d 🗆		<b>75</b> Add Required	itional	
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Addre	ss of Nev	v Registere	d Ager	ıt		
WILSON, JANE R 22002 DARLEY PL				<u> </u>							
				Street Address (P.O. Box Number is Not Acceptable)							
LAND	O LAKES FL 34639										
				City					Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its i	registered office or	registered ag	ent, or both, in the	e State of	Florida.				
	,										
SIGNATURE _										<del></del>	
GIGHT TO THE E	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signat	ure required when re	einstating)		DATE				
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! I			!! FEE IS \$150.	00	10 Floation (	`amnaian	Figgsing		ΦE 0/	0	
Tax filing requirement and elects to do so After			00 Fee will be \$		10. Election C		_			May Be to Fees	
(See criter	ia on back)	Make Check Payab	le to Departmen		<u> </u>						
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHAN	GES TO C	OFFICERS A			IN 11	
TITLE	P	☐ Delete	TITLE						Change	Addition	
NAME	WILSON, J R		NAME	22007	DARLEY	PL					
STREET ADDRESS CITY-ST-ZIP	1880 DREW ST CLEEARWATER FL 33765		STREET ADDRESS CITY-ST-ZIP	LAND	DARLEY LAKES	c.	3.L/_39	ì			
	V	Delete	4	-	LAPES	, [4	2760	<u>-</u>	Change	Addition	
TITLE NAME	WILLAMS, JR D E	L■ Delete	TITLE NAME						Ondrige		
STREET ADDRESS	4701 SIKIMMER WAY		STREET ADDRESS								
CITY-ST-ZIP	ST PETE FL 33701		CITY-ST-ZIP								
TITLE		☐ Delete	TITLE						Change	Addition	
NAME			NAME .	ł							
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			C(TY-ST-ZIP								
TITLE		Delete	TITLE					L	Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS								
CITY-ST-ZIP	•		CITY-ST-ZIP	1							
	·-···	☐ Delete	TITLE	<del>                                     </del>	<u></u>				Change	☐ Addition	
TITLE NAME	*	☐ Delete	NAME					_	- · · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE	]					Change	☐ Addition	
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP								
<ol> <li>13. I hereby c indicated</li> </ol>	ertify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for rue and accurate and that m	the exemption sta v signature shall h	ted in Section ave the same	119.07(3)(i), Flori legal effect as if r	da Statute nade und	es I further of ler oath, that	pertify ti t I am a	nat the in n officer	itormation 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:**