

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90174 039 ***150.00

DOCUMENT # P98000004530

1. Entity Name
COPLAND O'NEIL, INC.

Principal Place of Business
3012 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308
US

Mailing Address
3012 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308
US



2. Principal Place of Business

3. Mailing Address

~~902 N.E. FIRST ST~~
902 N.E. FIRST ST

902 N.E. FIRST STREET

City & State
POMPANO BEACH

City & State
Pompano Beach FL

Zip
33060

Country
USA

Zip
33060

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0811344**

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

BIZZARRO, DEBORAH L
2929 E. COMMERCIAL BLVD., STE. PH-C
FORT LAUDERDALE FL 33308

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

City **FL** **Zip Code**

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 *Janet Copland, Janet Copland, President*

4/16/02

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, 2002 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 ☐ Delete
NAME **DPT**
STREET ADDRESS **COPLAND, JANET**
CITY-ST-ZIP **9122B SW 19TH COURT**
FORT LAUDERDALE FL 33324

TITLE ☒ Change ☐ Addition
NAME **DPT**
STREET ADDRESS **COPLAND, JANET**
CITY-ST-ZIP **1320 SE 4TH AVE**
POMPANO BEACH, FL 33060

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **O'NEIL, SEAN**
CITY-ST-ZIP **4900 N OCEAN BLVD**
FORT LAUDERDALE FL 33308

TITLE ☐ Change ☐ Addition
NAME **DVS**
STREET ADDRESS **O'NEIL, SEAN**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Janet Copland **REQUIRE** **JANET COPLAND**

4/16/02 **954 943-7740**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)