

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103699

1. Entity Name
COPIER SYSTEMS, INC.

FILED

00 DEC 22 AM 11:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2825 BUS. CENTER BLVD.
 SUITE A-3
 MELBOURNE FL 32940

Mailing Address
 686 ROSSMOOR CIRCLE
 MELBOURNE FL 32940

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 2402 Golf Vista Blvd
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-3546444** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUSSELL, GALE
~~686 ROSSMOOR CIRCLE~~ **2402 GOLF VISTA BLVD.**
~~MELBOURNE FL 32940~~ **VIERA, FL. 32955**

7. Name and Address of New Registered Agent
 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 *Gale Russell*
 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. ☐ **FILE NOW!!! FEE IS \$550.00**
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 VP **RUSSELL, JIM**
~~686 ROSSMOOR CIRCLE~~
~~MELBOURNE FL 32940~~
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
RUSSELL, GALE
~~686 ROSSMOOR CIRCLE~~
~~MELBOURNE FL 32940~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT
GALE RUSSELL
2402 GOLF VISTA BLVD
VIERA, FL. 32955
 000003523960
 -01/04/01--01103--005
 ****750.00 ****750.00
REINSTATEMENT

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: *Gale Russell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **11/21/00** Daytime Phone **321-639-3001**

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CR2E034 (5/00)