

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~999000015667~~  
 1. Entity Name ~~P99000015667~~  
 Copy Characters INC.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUL 14 PM 3:03

Principal Place of Business Mailing Address  
 30 Littleton St  
 CANTONMENT, FL 32533

2. Principal Place of Business 3. Mailing Address  
~~CANT~~ 30 Littleton St 30 Littleton St  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 NA NA  
 City & State City & State  
 Cantonment FL Cantonment FL  
 Zip Zip Country Country  
 32533 USA 32533 Escambia

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
 59-356-1546 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

Copy Characters, Inc.  
 30 Littleton Street  
 Cantonment, FL 32533

## 7. Name and Address of New Registered Agent

Name MISTY HIATT  
 Street Address (P.O. Box Number is Not Acceptable)  
 30 Littleton St  
 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 Misty Hiatt DATE 7/3/00  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Hiatt, Misty	
STREET ADDRESS	30 Littleton St	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Hiatt, Philip	
STREET ADDRESS	30 Littleton St	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Owens, Edna	
STREET ADDRESS	30 Littleton St	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Haynes, Donna	
STREET ADDRESS	30 Littleton St	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003337932--0	
STREET ADDRESS	-07/27/00--01007--013	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Edna Owens Sec.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)