

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000015667**

1. Entity Name
COPY CHARACTERS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 12:31

Principal Place of Business
**30 LITTLETON STREET
CANTONMENT FL 32533**

Mailing Address
**30 LITTLETON STREET
CANTONMENT FL 32533**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
30 Littleton St.
Suite, Apt. #, etc.

3. Mailing Address
30 Littleton St.
Suite, Apt. #, etc.

City & State
Cantonment FL
Zip
32533 Country
USA

City & State
Cantonment FL
Zip
32533 Country
USA

4. FEI Number
59-3561546

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HIATT, MISTY
30 LITTLETON STREET
CANTONMENT FL 32533**

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

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 \$550.00
After September 12, 2001 Fee 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
PD
NAME
HIATT, MISTY ☐ Delete
STREET ADDRESS
30 LITTLETON STREET
CITY-ST-ZIP
CANTONMENT FL 32533

TITLE
VD
NAME
HIATT, PHILIP ☐ Delete
STREET ADDRESS
30 LITTLETON STREET
CITY-ST-ZIP
CANTONMENT FL 32533

TITLE
SD
NAME
OWENS, EDNA ☐ Delete
STREET ADDRESS
30 LITTLETON STREET
CITY-ST-ZIP
CANTONMENT FL 32533

TITLE
TD
NAME
HAYNES, DONNA ☐ Delete
STREET ADDRESS
30 LITTLETON STREET
CITY-ST-ZIP
CANTONMENT FL 32533

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004630137-1 ☐ Change ☐ Addition
-10/10/01--01058--009
******150.00 ****150.00**

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

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

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

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

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

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:

Signature of HEATED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-01

Date

Daytime Phone #

CR2E034 (5/01)

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Re: UBR P99000015667

This is to advise of non-receipt
of the UBR form for payment
until this date.

Thank you for waiving the late fee
due to non-receipt of UBR form.
We are enclosing our check in the
amount of \$150.00