2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P99000048956** 1. Entity Name COPEX U.S.A., INC. 04-17-2000 90074 004 ***150.00 Principal Place of Business Mailing Address 28463 DEL LAGO WAY 28463 DEL LAGO WAY BONITA SPRINGS FL 34135-2809 **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3584380 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAULICH, JOHN III Street Address (P.O. Box Number is Not Acceptable) 801 ANCHOR RODE DRIVE STE. 203 NAPLES FL 34105 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition TITLE ☐ Defete TITLE Change BOOTHBY, COLIN E NAME NAME STREET ADDRESS 28643 DEL LAGO WAY STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ST-7IP CITY-ST-7(P ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS Annacee CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete [] Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP

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 cath; 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.

COLIN E. BOOTHBY, PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 2000

K(941) 1948-6823