

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90019 040 ***150.00

DOCUMENT # P99000091229

1. Entity Name
COPPERHEAD DEVELOPMENT, INC.

Principal Place of Business
21184 BRAXFIELD LOOP
ESTERO FL 33928

Mailing Address
21184 BRAXFIELD LOOP
ESTERO FL 33928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20900 Copperhead Dr
Suite, Apt. #, etc.

3. Mailing Address

6001 Egan Dr
Suite, Apt. #, etc.
100

City & State

Lehigh Acres, FL

City & State

Savage, MN

Zip

33936

Country

USA

Zip

55378

Country

USA

4. FEI Number

65-0986456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNELL, MARY V
1833 HENDRY STREET
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Amy E. Skillestad

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

20900 Copperhead Dr

City

Lehigh Acres

FL

Zip Code

33936

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

Amy E. Skillestad

Amy E. Skillestad

3/5/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ISRAELSON, WARREN J
6001 EGAN DRIVE #100
SAVAGE MN 55378

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Amy E. Skillestad
6001 Egan Dr #100
Savage, MN 55378

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01 (941) 947-2048
Date Daytime Phone #

CR2E034 (10/00)