

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0354015 AV

DOCUMENT # S57322

1. Entity Name
W.J. COPPING INVESTMENTS, INC.

04-15-2002 90066 036 ***150.00

Principal Place of Business

Mailing Address

% DAVID R. HURST
 2656 ELECTRONICS WAY
 WEST PALM BEACH FL 33407

% DAVID R. HURST
 2656 ELECTRONICS WAY
 WEST PALM BEACH FL 33407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

470 Columbia Drive
 Suite, Apt. #, etc.
SUITE D-201

470 Columbia Drive
 Suite, Apt. #, etc.
SUITE D-201

City & State
West Palm Beach Florida

City & State
West Palm Beach Florida

4. FEI Number **65-0265111**

Applied For
 Not Applicable

Zip Country
33409 USA

Zip Country
33409 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURST, DAVID R.
 2656 ELECTRONICS WAY
 WEST PALM BEACH FL 33407

Name *DOUGLASS E. PEREROOM*
 Street Address (P.O. Box Number is Not Acceptable)

470 Columbia Drive, Ste. D-201
 City *West Palm Beach* FL Zip Code *33409*

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]* DATE *3/25/02*
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT COPPING, WILLIAM J. % 69 CURLEW RD. MANALAPAN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HURST, DAVID R. 69 CURLEW ROAD MANALAPAN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* *WILLIAM J. COPPING* *Mar 28/02* *716 58570-8035*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)