

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08213

1. Entity Name

CULLER'S COPY CORNER, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90067 002 ***158.75

Principal Place of Business

Mailing Address

2133 MAIN ST
FT MYERS FL 33901
US

2133 MAIN ST
FT. MYERS FL 33901-2909
US

2. Principal Place of Business

3. Mailing Address

1635 Hendry Street
Suite, Apt. #, etc.

1635 Hendry Street
Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

Country

33901

USA

Zip

Country

33901

USA

4. FEI Number

65-0307824

Applied For

Not Applicable

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

CULLER, CARL L
15129 STELLA DEL MAR LANE
FT. MYERS FL 33908

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	CULLER, STEPHEN L	
STREET ADDRESS	5970 HILLYER COURT	
CITY-ST-ZIP	NORTH FT. MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 officers empowered.

SIGNATURE:

Stephen L. Culler, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/2000 (941) 337-1676

Date

Daytime Phone #

CR2E034 (9/99)