

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90839 039 ***150.00

DOCUMENT # **V32369**



1. Entity Name
COPYIMAGE INC.

Principal Place of Business
**1233 45TH STREET
SUITE A2
WEST PALM BEACH FL 33407
US**

Mailing Address
**1691-B FORUM PLACE
339
WEST PALM BEACH FL 33401
US**



2. Principal Place of Business
**4411 45TH ST.
Suite, Apt. #, etc. **435****

3. Mailing Address
**4521 PGA BL.
Suite, Apt. #, etc. **232****

CHECK HERE IF MAKING CHANGES

City & State
W. PALM BCH FL
Zip
33407 Country
USA

City & State
Palm Beach Gardens FL
Zip
33410 Country
USA

4. FEI Number **65-0324439**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PIKIS, JAMES
10087 DOGWOOD AVENUE
WEST PALM BEACH FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PIKIS, JAMES D 10089 DOGWOOD AVENUE WEST PALM BEACH FL 33410	<input type="checkbox"/> Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 561 833-9988

CR2E034 (10/02)