

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90187 034 ***150.00

DOCUMENT # V52431

1. Entity Name

W. THOMAS COPELAND, A PROFESSIONAL ASSOCIATION

Principal Place of Business

**421 N. THIRD ST.
JACKSONVILLE BCH. FL 32250
US**

Mailing Address

**421 N. THIRD ST.
JACKSONVILLE BCH. FL 32250
US**

2. Principal Place of Business

208 S. Range Street

Suite, Apt. #, etc.

3. Mailing Address

208 S. Range Street

Suite, Apt. #, etc.

City & State

Madison, FL

City & State

Madison, FL

4. FEI Number

59-3146366

Applied For

Not Applicable

Zip

32340

Country

USA

Zip

32340

Country

USA5. 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

**COPELAND, W. THOMAS
421 N. THIRD ST.
JACKSONVILLE BCH. FL 32250**

Name

Copeland, W. Thomas

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

208 S. Range Street

City

Madison**FL**Zip Code
32340

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

3-8-019. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COPELAND, W. THOMAS**
STREET ADDRESS **421 N. THIRD ST.**
CITY-ST-ZIP **JACKSONVILLE BCH. FL**TITLE **D** ☒ Change ☐ Addition
NAME **Copeland, W. Thomas**
STREET ADDRESS **208 S. Range Street**
CITY-ST-ZIP **Madison, FL 32340**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W. THOMAS COPELAND**3-8-01****(850) 973-8433**

CR2E034 (10/00)