

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55068

1. Entity Name

Copier Clinic, INC

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90478 045 ***150.00

Principal Place of Business

Mailing Address

1428 Semoran Blvd Ste 110
Apopka, FL 32703

P.O. Box 1071
Apopka, FL
32704-1071

2. Principal Place of Business

3. Mailing Address

1428 Semoran Blvd
Ste 110

P.O. Box 1071

City & State
Apopka, FL

City & State
Apopka, FL

4. FEI Number
59-3137259

Applied For
Not Applicable

Zip
32703

Country
ORANGE

Zip
32704

Country
ORANGE

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

KINLER, Debra Ann
1721 Hiddenwood Court
Apopka, FL 32712

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D KINLER, James E., JR.	1721 Hiddenwood Court	Apopka, FL 32712	<input type="checkbox"/>
	D KINLER, Debra Ann	1721 Hiddenwood Court	Apopka, FL 32712	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Debra A. Kinler - DEBRA A. KINLER 5/15/00 (407) 880-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)