

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90112 036 ***150.00

DOCUMENT # 694140

1. Entity Name

LEE COUNTY BLUEPRINTING, INC.

Principal Place of Business

Mailing Address

C/O THOMAS T. MINTA
 3525 FOWLER ST.
 FT. MYERS FL 33901

C/O THOMAS T. MINTA
 3525 FOWLER ST.
 FT. MYERS FL 33901-0925



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2098789

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINTA, THOMAS T
3525 FOWLER ST.
FT MYERS, FL
33901

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MINTA, THOMAS T	16707 BOBCAT DRIVE S.W.	FORT MYERS FL				ZIP 16707
D	TAYLOR, SUSAN M	723 HONEYSUCKLE PLACE	HIGHLANDS RANCH CO 80126	D	TAYLOR, SUSAN M	9475 S. CHERRYVALE DR.	HIGHLANDS RANCH, CO 80126
D	MINTA, JAMES J.	7953 VINEYARD LAKE RD	JACKSONVILLE FL				zip 32256
VD	MINTA, PAUL A	3027 FAIRFIELD LANE	AURORA IL				ZIP 60504
STD	MINTA, NORMA R	16707 BOBCAT DRIVE S.W.	FT MYERS, FL 00000				ZIP 16707

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: *Thomas T. Minta* **THOMAS T. MINTA** 4/18/00 941-278-4444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)