

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90033 025 ***150.00

0082608

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

2. Principal Place of Business

3. Mailing Address

16707 BOBCAT DR

16707 BOBCAT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number **59-2098789**

Applied For

Not Applicable

Zip

33908

Country

LEE

Zip

33908

Country

LEE

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.
 FORT MYERS FL 33901**

Name

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

16707 BOBCAT DR.

City

FT. MYERS,

FL

Zip Code

33908

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, 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 Delete
 NAME PD
 MINTA, THOMAS T
 STREET ADDRESS 16707 BOBCAT DRIVE S.W.
 CITY-ST-ZIP FT MYERS FL 16707

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 TAYLOR, SUSAN M
 STREET ADDRESS 9475 S CHERRYVALE DR
 CITY-ST-ZIP HIGHLANDS RANCH CO 80126

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 MINTA, JAMES J.
 STREET ADDRESS 7953 VINEYARD LAKE RD
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VD
 MINTA, PAUL A
 STREET ADDRESS 3027 FAIRFIELD LANE
 CITY-ST-ZIP AURORA IL 60504

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME STD
 MINTA, NORMA R
 STREET ADDRESS 16707 BOBCAT DRIVE S.W.
 CITY-ST-ZIP FT MYERS FL 16707

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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:

Thomas T. Minta **THOMAS T. MINTA**

4/9/01

941-433-7044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)