

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 331764

1. Entity Name
LONGMIRE & TAYLOR PRINTERS INC

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

09-06-2000 90094 043 ***550.00

Principal Place of Business

2016 JACKSON ST.
FT. MYERS FL 33901

Mailing Address

2016 JACKSON ST.
FT. MYERS FL 33901

2. Principal Place of Business

4312 S. Gulf Circle
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9261
Suite, Apt. #, etc.

City & State

N. Ft. Myers, FL

Zip Country
33903 Lee

City & State

Ft. Myers, FL

Zip Country
33902 Lee

4. FEI Number

59-1212261

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLY DAVIS
15 APACHE STREET
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name
Sharon L. Conlin
Street Address (P.O. Box Number is Not Acceptable)
4312 S. Gulf Circle
City
N. Ft. Myers FL Zip Code
33903

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 *Sharon L. Conlin, Secretary/Treasurer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/2/2000

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 \$550.00.
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, HOLLY 15 APACHE LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LES R DAVIS 15 APACHE ST LEHIGH ACRES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CONLIN, SHARON L 4312 S GULF CIRCLE N FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Holly Davis 1615 N. Delaware Dr., #115 Apache Junction, AZ 85220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James B. Wiesner 4001 10th St., W Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Sharon L. Conlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON L. CONLIN 9-2-2000

Date

Daytime Phone #

941-338-7345

CR2E034 (5/00)