

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90130 030 \*\*\*150.00

**DOCUMENT # 399125**

1. Entity Name  
**SHULTZ PRINTING, INC**

Principal Place of Business

**716 SOUTH COMMERCE  
P O BOX 31  
SEBRING FL 33870**

Mailing Address

**716 SOUTH COMMERCE  
P O BOX 31  
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1411775**

Applied For

Not Applicable

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

**SHULTZ, L B  
3640 S LAKE DENTON RD  
AVAON PK FL 33825**

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, 2002 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 **VPT** ☐ Delete  
NAME **SHULTZ, GEORGE JR**  
STREET ADDRESS **7431 NW CR 345**  
CITY-ST-ZIP **CHIEFLAND FL 32826**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **SHULTZ, LILLY B**  
STREET ADDRESS **2640 S. LAKE DENTON RD.**  
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **ADAIR, SANDRA KAY**  
STREET ADDRESS **210 JAY AVE**  
CITY-ST-ZIP **SEBRING FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lilly B. Shultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-02**

Date

**863-385-5998**

Daytime Phone #

CR2E034 (9/01)