

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-12-2001 90033 025 ***150.00

DOCUMENT # 694140

1. Entity Name

LEE COUNTY BLUEPRINTING, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

16707 BOBCAT DR

3. Mailing Address

16707 BOBCAT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

Date

4/9/01

Daytime Phone #

941-433-7044

CR2E034 (10/00)