

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836400

1. Entity Name
MINUTEMAN PRESS INTERNATIONAL, INC.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90016 029 ***150.00

0576630 AT

Principal Place of Business Mailing Address
1640 NEW HIGHWAY 1640 NEW HIGHWAY
FARMINGDALE NY 11735 FARMINGDALE NY 11735



DO NOT WRITE IN THIS SPACE

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 11-2347290 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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 _____ (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 | PD | <input type="checkbox"/> Delete |
| NAME | TITUS, ROBERT A. | |
| STREET ADDRESS | 1640 NEW HWY | |
| CITY-ST-ZIP | FARMINGDALE NY 11735 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SWANSON, STANLEY R. | |
| STREET ADDRESS | 3318 PENNY ROYAL | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TITUS, ROY W. | |
| STREET ADDRESS | 28 ELEUTHRA DR | |
| CITY-ST-ZIP | OCEAN RIDGE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TITUS, RAYMOND W. | |
| STREET ADDRESS | 7084 PIONEER ROAD | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gary Rockwell | |
| STREET ADDRESS | 1640 New Highway | |
| CITY-ST-ZIP | Farmingdale, NY 11735 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (9/01)