2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90014 010 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 840967

1. Entity Name
ST. JOHNS PRINTING & OFFICE SUPPLY, INC.

Principal Place of Business	Mailing Address
107 KING STREET ST. AUGUSTINE FL 32084	107 KING STREET ST. AUGUSTINE FL 32084

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 59-1833042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROUNTREE, JOHN GRIFFIN R
19 PARK TERRACE DRIVE
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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] 7/11/2000
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROUNTREE, JOHN G R		NAME		
STREET ADDRESS	19 PARK TERRACE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WISEMAN, JAMES R.		NAME		
STREET ADDRESS	1750 HICKORY LANE		STREET ADDRESS	2426 Hydrangea St	
CITY-ST-ZIP	ELKTON FL		CITY-ST-ZIP	St Augustine FL 32080	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/00)

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: SIGNATURE REQUIRED [signature] 7/12/00 (904) 824-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOC# 840967 (illegible)
A00068475

St. Johns Printing & OFFICE CENTRE

Your Local Authorized Office Centre Dealer

July 12, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed you will find our check in the amount of $150.00 to cover the filing fee for Document #840967, 2000 Uniform Business Report (UBR).

We received our first and only notice today, Wednesday, July 12, and will pay the fee without penalty as advised today in our telephone conversation.

We will note a requirement to pay the fee prior to May 1 on our 2001 calendar.

Sincerely,

James R. Wiseman

James R. Wiseman
Officer

107 King Street • St. Augustine • Florida 32084
(904) 824-1496 • (904) 824-1516 • Fax (904) 825-0994