

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47795

1. Entity Name

TYPING, ETC., INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90089 013 ***150.00

Principal Place of Business

1515 UNIVERSITY DRIVE
SUITE 101-B
CORAL SPRINGS FL 33071
US

Mailing Address

1515 UNIVERSITY DRIVE
SUITE 101-B
CORAL SPRINGS FL 33071-6083
US

2. Principal Place of Business
7310 W. McNab Road

Suite, Apt. #, etc.
Suite 206

City & State
Tamarac, Florida

Zip Country
33321 - US

3. Mailing Address

7310 W. McNab Road

Suite, Apt. #, etc.
Suite 206

City & State
Tamarac, Florida

Zip Country
33321 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2152277

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

HOLTON, WILLIAM S
6981 NW 23RD STREET
MARGATE FL 33063

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, 2000 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
NAME HOLTON, EDNA L
STREET ADDRESS 6981 NW 23RD ST
CITY-ST-ZIP MARGATE, FL 00000 ☐ Delete

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

TITLE SD
NAME HOLTON, WILLIAM S
STREET ADDRESS 6981 NW 23RD ST
CITY-ST-ZIP MARGATE, FL 00000 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Edna L. Holton EDNA L. HOLTON, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

954-726-3300

Daytime Phone #

CR2E034 (9/99)