

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000527

1. Entity Name

NATIONAL COMPUTER PRINT, INC.

Principal Place of Business

Mailing Address

5200 E. LAKE BLVD.
BIRMINGHAM AL 35217

5200 E. LAKE BLVD.
BIRMINGHAM AL 35217-3546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME MCAFEE, DWAYNE
STREET ADDRESS 5200 E. LAKE BLVD.
CITY-ST-ZIP BIRMINGHAM AL 35217

TITLE EVM ☐ Delete
NAME MCCOIL, KEITH
STREET ADDRESS 5200 E. LAKE BLVD.
CITY-ST-ZIP BIRMINGHAM AL 35217

TITLE EVP ☐ Delete
NAME GREENWALT, STEVE
STREET ADDRESS 5200 E. LAKE BLVD.
CITY-ST-ZIP BIRMINGHAM AL 35217

TITLE CFO ☐ Delete
NAME GREENWALT, STEVE
STREET ADDRESS 5200 E. LAKE BLVD.
CITY-ST-ZIP BIRMINGHAM AL 35217

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Delete
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:

STEVEN D. GREENWALT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN D. GREENWALT

Date

Daytime Phone #

1/24/00 (205) 849-4

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90051 039 ***150.00

00014012



DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0668037

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent