

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006561

1. Entity Name

JOHN STARK PRINTING COMPANY, INC. ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90008 002 ***550.00

Principal Place of Business

12969 MANCHESTER ROAD
ST. LOUIS MO 63131

Mailing Address

12969 MANCHESTER ROAD
ST. LOUIS MO 63131

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

43-1244704

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

C T CORPORATION SYSTEM
1200 SOUTH 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 \$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	PCD	<input type="checkbox"/> Delete
NAME	KELLEY, CLIFFORD A	
STREET ADDRESS	12969 MANCHESTER ROAD	
CITY-ST-ZIP	ST. LOUIS MO 63131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RYAN, PATRICK J	
STREET ADDRESS	12969 MANCHESTER ROAD	
CITY-ST-ZIP	ST. LOUIS MO 63131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NELKE, DODIE J	
STREET ADDRESS	12969 MANCHESTER	
CITY-ST-ZIP	ST. LOUIS MO 63131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOMBALL, ERIC R	
STREET ADDRESS	12969 MANCHESTER	
CITY-ST-ZIP	ST. LOUIS MO 63131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00 (314) 966-6800
Date Daytime Phone #

CR2E034 (5/00)