

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G23807

1. Entity Name

MY PRINTER, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90055 016 ***150.00

Principal Place of Business 669-2ND LANE VERO BEACH FL 32962 US	Mailing Address 669-2ND LANE VERO BEACH FL 32962-2951 US
--	---



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 59-2261935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARRIS, CHARLES E. 817 BEACHLAND BLVD. P. O. BOX 3406 VERO BCH. FL 32964	
--	--

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD MYERS, TERRY L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	535 W FOREST TRL	NAME	
STREET ADDRESS	VERO BEACH, FL 0 32962	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TSD WARD, ELIZABETH L <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	535 W FOREST TRL	NAME	MIKE DAUGHENBAUGH
STREET ADDRESS	VERO BEACH, FL 0 32962	STREET ADDRESS	241 HERITAGE DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	Tiffin, OHIO 44883
TITLE	D WARD, ELIZABETH A <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	835 LAKE ORCHID CIR	NAME	CHARLES EINGLE
STREET ADDRESS	VERO BEACH FL 32962	STREET ADDRESS	241 HERITAGE DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	Tiffin, OHIO 44883
TITLE	VD NEGHERBON, JOHN <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5995 23RD ST	NAME	(no longer director)
STREET ADDRESS	VERO BCH FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CHARLES DAUGHENBAUGH
STREET ADDRESS		STREET ADDRESS	241 HERITAGE DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	Tiffin, OHIO 44883
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LINDA DAUGHENBAUGH
STREET ADDRESS		STREET ADDRESS	241 HERITAGE DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	Tiffin, OHIO 44883

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 another like empowered.

SIGNATURE: **TERRY L MYERS, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/4/00 Daytime Phone #: 561-569-2665

CR2E034 (9/99)