

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90092 022 ***150.00

DOCUMENT # G72337

1. Entity Name

ST. MICHAEL PRESS PUBLISHING COMPANY, INC.

Principal Place of Business

4414 WASHINGTON RD
PO BOX 7007
W PLM BCH FL 33405

Mailing Address

4414 WASHINGTON RD
PO BOX 7007
W PLM BCH FL 33405

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

NOT APPLICABLE

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

BOUCHLAS, ROBERT REV.
4414 WASHINGTON RD
WEST PALM BEACH FL 33405

Name

John Vesey

Street Address (P.O. Box Number is Not Acceptable)

4414 Washington Rd.

City

West Palm Beach

FL

Zip Code

33405

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

John Vesey

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/01

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, 2001 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	PVD	<input checked="" type="checkbox"/> Delete
NAME	BOUCHLAS, ROBERT REV.	
STREET ADDRESS	4414 WASHINGTON RD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	V/President, Dir	<input checked="" type="checkbox"/> Delete
NAME	John Vesey	
STREET ADDRESS	4414 Washington Rd	
CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Joy Ebersole	
STREET ADDRESS	4414 Washington Rd.	
CITY-ST-ZIP	West Palm Beach, FL	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Lois Bouchlas	
STREET ADDRESS	4414 Washington	
CITY-ST-ZIP	West Palm Beach, FL	
TITLE	Anne Vesey - Sec/Treas/Dir.	<input checked="" type="checkbox"/> Delete
NAME	4414 Washington	
STREET ADDRESS	West Palm Beach, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Vesey	
STREET ADDRESS	4414 Washington Rd	
CITY-ST-ZIP	W. Palm Beach, FL	
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		
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		
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:

John Vesey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01 561 832-5663

CR2E034 (10/00)