

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G96932

1. Entity Name

DUNEDIN PRINTING COMPANY

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90152 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
DUNEDIN PRINTING COMPANY  
587 MAIN STREET  
DUNEDIN FL 34698  
US

Mailing Address  
DUNEDIN PRINTING COMPANY  
587 MAIN STREET  
DUNEDIN FL 34698-4998  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2369289

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MITZI WOMACK SCHREADLEY  
587 MAIN STREET  
DUNEDIN FL 34698

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	SCHREADLEY, MITZI WOMACK	587 MAIN ST. P.O. BOX 67 N/A							
	D	WOMACK, JACK M. JR.	587 MAIN ST. P.O. BOX 67 N/A							

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 empowerments.

SIGNATURE: Mitzi Womack Schreadley *Mitzi Womack Schreadley* 4-24-00 733-6117 (727)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)