

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90036 013 ***150.00

DOCUMENT # H48870

1. Entity Name
PRINTED PRODUCTS, INC.

Principal Place of Business
2202 N. MAIN STREET
JACKSONVILLE FL 32206-3760

Mailing Address
2202 N. MAIN STREET
JACKSONVILLE FL 32206-3760

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 43508
 Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32203-3508

Country
Duval

4. FEI Number **59-2546765**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent
MCMORROW, THOMAS F.
3707 HENDRICKS AVENUE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 Name
MERLE A. MIKELL
 Street Address (P.O. Box Number is Not Acceptable)
2202 N. MAIN STREET
 City **JACKSONVILLE** **FL** Zip Code **32206**

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 *Merle A. Mikell* **MERLE A. MIKELL, VST** **2/27/02**
 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, 2002 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	PD, NIX, HOMER C., JR. 2202 N. MAIN STREET JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MIKELL, MERLE A. 2202 N. MAIN STREET JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Homer C. Nix, Jr.* **HOMER C. NIX, JR. PRESIDENT** **2/27/02** **904-634-1707**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)