

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54840

1. Entity Name

A BETTER COPY TALLAHASSEE COPY & PRINTING SERVIC

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90297 005 ***150.00

Principal Place of Business

% RONALD Q. HARRIS
1001 N. MONROE STREET
TALLAHASSEE FL 32303

Mailing Address

% RONALD Q. HARRIS
1001 N. MONROE STREET
TALLAHASSEE FL 32303

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

133 OAK ST

Suite, Apt. #, etc.

Suite 3

City & State

3. Mailing Address

133 Oak St

Suite, Apt. #, etc.

Suite 3

City & State

4. FEI Number 59-2789385

Applied For

Not Applicable

Zip
32301

Country

Zip
32301

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

HARRIS, RONALD Q.
1001 N. MONROE STREET
P.O. BOX 6085
TALLAHASSEE FL 32301

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. ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DTP
YALE, MELANIE R.
1001 N. MONROE STREET
TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Melanie R. Yale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELANIE R. YALE

4-18-01

Date

850 222 0039

Daytime Phone #

CR2E034 (10/00)