

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90024 003 ***150.00

DOCUMENT # J54840

1. Entity Name

**A BETTER COPY TALLAHASSEE COPY & PRINTING SERVIC
 ES, INC.**

Principal Place of Business

**133 OAK STREET
 STE 3
 TALLAHASSEE FL 32301**

Mailing Address

**133 OAK STREET
 STE 3
 TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

PO Box 1562

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

4. FEI Number

59-2789385

Applied For

Not Applicable

Zip

Country

Zip

32302

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)

133 OAK STREET

STE 13

City

TALLAHASSEE

FL

Zip Code

32301

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 **Ronald Q. Harris**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

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

☐ Delete

TITLE
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 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

4-19-02 850 222 0039

Date

Daytime Phone #

0040188 AV

CR2E034 (9/01)