

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90065 003 \*\*\*150.00

0050612

**DOCUMENT # J70885**

1. Entity Name

**SHREVE PRESS SERVICE & SALES, INC.**

Principal Place of Business

Mailing Address

137 CANDACE DR  
 MAITLAND FL 32751  
 US

137 CANDACE DR  
 MAITLAND FL 32751  
 US

00027647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

131 Candace Drive

131 Candace Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland FL

City & State

Maitland FL

4. FEI Number

59-2816804

Applied For

Not Applicable

Zip

32751

Country

US

Zip

32751

Country

US

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

SHREVE, O. KEITH  
 1209 ROXBORO ROAD  
 LONGWOOD FL 32750

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, 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: DPS  
 NAME: SHREVE, O. KEITH  Delete  
 STREET ADDRESS: 1209 ROXBORO ROAD  
 CITY-ST-ZIP: LONGWOOD FL 32750

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

TITLE: V  
 NAME: SHREVE, PAULA L.  Delete  
 STREET ADDRESS: 1209 ROXBORO ROAD  
 CITY-ST-ZIP: LONGWOOD FL 32750

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 CITY-ST-ZIP:  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: \_\_\_\_\_

Paula L. Shreve, V.P. PAULA L. SHREVE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRES

03/19/01

Date

407-831-1444

Daytime Phone #

CR2E034 (10/00)