

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K76316

1. Entity Name

HARVEST PRINTING & COPY CENTER, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90049 046 ***150.00

Principal Place of Business

Mailing Address

2025 SOUTH ADAMS STREET
TALLAHASSEE FL 32301

2025 SOUTH ADAMS STREET
TALLAHASSEE FL 32308-5501

2. Principal Place of Business

1613 Capital Circle N.E.
Suite, Apt. #, etc.

3. Mailing Address

1613 Capital Circle N.E.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-2944682

Applied For

Not Applicable

Zip

Country

32308

USA

Zip

Country

32308

USA

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

JIMENEZ, MIGUEL E.
2025 SOUTH ADAMS STREET
TALLAHASSEE FL 32301

Name

Jimenez, Miguel E.

Street Address (P.O. Box Number is Not Acceptable)

1613 Capital Circle N.E.

City

Tallahassee

FL

Zip Code

32308

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
DP	JIMENEZ, MIGUEL E.	805 BAKER ST	TALLAHASSEE FL	<input type="checkbox"/>
DVTS	JIMENEZ, THERESA O.	805 BAKER ST	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa O. Jimenez Theresa O. Jimenez

2-15-2000

Date

850-681-2488

Daytime Phone #

CR/F034 (9/99)