

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007441

1. Entity Name
ST. JOHN PRINTING & GRAPHIC DESIGN, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:44

Principal Place of Business
1802 CRYSTAL LAKE DRIVE
LAKELAND FL 33801

Mailing Address
1802 CRYSTAL LAKE DRIVE
LAKELAND FL 33801



2. Principal Place of Business
1802 Crystal Lake Dr.
Suite, Apt. #, etc.

3. Mailing Address
1802 Crystal Lake Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lakeland Florida

City & State
Lakeland Florida

FEI Number
59-3654826

Applied For
Not Applicable

Zip 33801 Country POLK

Zip 33801 Country POLK

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIONNE, DORIS
1802 CRYSTAL LAKE DRIVE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-02/13/01--01005--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	DIONNE, DORIS	1802 CRYSTAL LAKE DRIVE	LAKELAND FL 33801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

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"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

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