

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58336

1. Entity Name

FLYER PRINTING COMPANY, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90123 048 ***158.75

Principal Place of Business

201 KELSEY LANE
TAMPA FL 33619

Mailing Address

P.O. BOX 5059
TAMPA FL 33675-5059

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2999445**

Applied For

Not Applicable

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

~~BUSINESS FINANCE LAWYER, P.A.~~
200 S BISCAYNE BLVD STE 3410
MIAMI FL 33131

Name

W.J. Stanton P.A.

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

200 S. Biscayne Blvd. Suite 3410

City

Miami

FL

Zip Code

33131

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 must be a resident of the State of Florida.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elect 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	DAS	<input type="checkbox"/> Delete
NAME	MANDT, JUDITH M	
STREET ADDRESS	116 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DSCE	<input type="checkbox"/> Delete
NAME	MANDT, RICHARD D	
STREET ADDRESS	116 ADALIA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	MANDT, SAMUEL P	
STREET ADDRESS	116 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	MANDT, A. J. M.	
STREET ADDRESS	502 S FREMONT AVE # 504	
CITY-ST-ZIP	TAMPA FL	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	TUCKER, JAMES H	
STREET ADDRESS	4907 EBENSBURG DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDALL, JAMES L JR.	
STREET ADDRESS	504 CENTERBROOK DR.	
CITY-ST-ZIP	BRANDON FL	

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

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: James H. Tucker, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 813-626-9430

Date

Daytime Phone #

CR2E034 (10/00)