

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 8:00 am**
Secretary of State

04-20-2001 90160 046 ***150.00

DOCUMENT # L62705

1. Entity Name

POST PRINTING COMPANY OF JACKSONVILLE

Principal Place of Business

**2000 CORPORATE SQUARE BLVD
UNIT 4
JACKSONVILLE FL 32216
US**

Mailing Address

**BARRY B ANSBACHER
STE 2450 RIVERPL TWR 1301 RIVERPL BLVD
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

3. Mailing Address

2000 Corporate Square Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 4

City & State

City & State

Jacksonville, FL 32216

4. FEI Number

59-3002022

Applied For

Not Applicable

Zip

Country

Zip

Country

32216**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

**BARRY B ANSBACHER
STE 2450 RIVERPLACE TOWER
1301 RIVERPLACE BLVD
JACKSONVILLE FL 32207**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT REICH, ANNETTE G. 12231 DIVIDING OAKS TRAIL, E. JACKSONVILLE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS REICH, LAWRENCE R. 12231 DIVIDING OAKS TRAIL, E. JACKSONVILLE FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Annette Reich* **Annette Reich, Pres.****April 13, 2001****(904) 723-5964**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)