

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96838

1. Entity Name

QUALITY COMPUTER FORMS, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90029 013 ***150.00

Principal Place of Business

866 97TH AVE N
NAPLES FL 33963
US

Mailing Address

835 S HIGH STREET
HILLSBORO OH 45133-9602
US

2. Principal Place of Business

2900 14TH STREET N.

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 36

City & State

NAPLES FL

City & State

Zip

Country

34103

US

Zip

Country

4. FEI Number

59-3026252

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

Name

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

City

FL

Zip Code

CASSNER, ALVIN B
4301 GULF SHORES BLVD
UNIT 302 PARK PLAZA
NAPLES FL 33940

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	P	<input type="checkbox"/> Delete
NAME	CASSNER, ALVIN B.	
STREET ADDRESS	4301 GULF SHORE BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASSNER, BRIAN	
STREET ADDRESS	835 S HIGH ST	
CITY-ST-ZIP	HILLSBORO OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASSNER, JON H.	
STREET ADDRESS	835 S. HIGH ST.	
CITY-ST-ZIP	HILLSBORO OH	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASSNER, CURTIS B	
STREET ADDRESS	835 S HIGH ST	
CITY-ST-ZIP	HILLSBORO OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 an other like empowered.

SIGNATURE:

Jon H Cassner

JON H CASSNER

2/10/00

937-393-3426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)