

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90080 023 \*\*\*150.00

**DOCUMENT # M82608**

1. Entity Name

**TYPE & GRAPHICS LTD., INC.**

Principal Place of Business

Mailing Address

**BAYSHORE BLVD  
APT 4  
TAMPA FL 33611**

**P. O. BOX 320956  
TAMPA FL 33679-2956  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1070 S. CLEARVIEW AVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUENTHER, R. L. JR  
5021 BAYSHORE BLVD  
APT 4  
TAMPA FL 33611**

Name **GRUENTHER, R. L. JR**

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

**1070 S. CLEARVIEW AVE., APT 12**

City **TAMPA**

FL

Zip Code **33629**

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

*R.L. Gruenther Jr*

**R.L. GRUENTHER, JR**

**APRIL 26, 2000**

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	<b>D GRUENTHER, R. L. SR. 3604 HARBOR DR ST AUGUSTINE FL 32095</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPST GRUENTHER, R. L. JR. 5021 BAYSHORE BLVD, APT 4 TAMPA FL 33611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

**1070 S. CLEARVIEW AVE. APT 12  
TAMPA, FL 33629**

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:

*R.L. Gruenther Jr*

**R.L. GRUENTHER JR.**

**APRIL 26, 2000**

**813-254-5404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)