

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90124 036 \*\*\*150.00

**DOCUMENT # P00000013572**

1. Entity Name  
**THE AMERICAN TRADE PRINTING COMPANY**

Principal Place of Business  
**1026 WEST CENTRAL BLVD.  
 ORLANDO FL 32805**

Mailing Address  
**1026 WEST CENTRAL BLVD.  
 ORLANDO FL 32805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3625735**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**LYONS, DENNIS M**

**3601 VINELAND ROAD STE 5 & 0 1026 W. Central Blvd  
 ORLANDO FL 32811 32805**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYONS, DENNIS M</b>	
STREET ADDRESS	<b>7525 E.D. ROBBINS ROAD</b>	
CITY-ST-ZIP	<b>HOWEY-IN-THE-HILLS FL 34737</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARRISH, GREGORY E</b>	
STREET ADDRESS	<b>286 SHARP STREET</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/28/02** **321-6897217**  
 Date Daytime Phone #

CFR2E034 (4/02)

ATTACHMENT # P00000013572

124963

DENNIS M. LYONS  
SECRETARY/TREASURER

1026 WEST CENTRAL BLVD.  
ORLANDO, FLORIDA 32805



WWW.AMERICANTRADEPRINTING.COM

August 28, 2002

To Whom it May Concern:

This letter is to request a waiver of the additional \$400.00 fee for filing the Uniform Business Report.

We have no record of having received an earlier notice reference this requirement and believe that the problem may have resulted from our recent move.

Enclosed please find the original payment amount. We await your reply and appreciate your consideration.

sincerely,

Dennis M. Lyons

A handwritten signature in black ink, appearing to read "Dennis M. Lyons", written over the printed name.