

# 2001 UNIFORM BUSINESS REPORT (UBR)

01-24-2002 90105 001 \*\*\*150.00  
01-24-2002 90105 002 \*\*\*750.00  
P00000017516

DOCUMENT # P00000017516

1. Entity Name  
SOUTHEAST PRINT PROGRAMS, INC.

FILED  
CLERK OF CIRCUIT  
CLERK OF CORPORATION

02 JAN 30 AM 9:42

Principal Place of Business  
6005 BENJAMIN ROAD  
SUITE 101  
TAMPA FL 33634

Mailing Address  
6005 BENJAMIN ROAD  
SUITE 101  
TAMPA FL 33634



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3250241

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

PHILLIPS, JOHN J  
6005 BENJAMIN ROAD  
SUITE 101  
TAMPA FL 33634

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 John J. Phillips

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when re-registering)

1/2/02  
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 12, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PHILLIPS, ELIZABETH  
19944 HIAWATHA RD.  
ODESSA FL 33556 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PHILLIPS, JOHN J  
19944 HIAWATHA RD.  
ODESSA FL 33556 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

John J. Phillips  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/01 813-885-3243  
Date Daytime Phone #

CR2E034 (5/01)