

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91119 036 ***150.00

DOCUMENT # P00000024598

1. Entity Name
VALUEPRINT, INC.

Principal Place of Business
17420 US HIGHWAY 41 NORTH
109
LUTZ FL 33549

Mailing Address
17420 US HIGHWAY 41 NORTH
109
LUTZ FL 33549



2. Principal Place of Business
17420 U.S. Hwy 41 N.
 Suite, Apt. #, etc.
102

3. Mailing Address
17420 U.S. Hwy 41 N.
 Suite, Apt. #, etc.
102

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number **59-3635333**

Applied For
 Not Applicable

Zip
33549

Country
USA

Zip
33549

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REEVES, RICHARD
13615 BRUCE B. DOWNS BLVD., STE. 111
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name **RICHARD REEVES**
 Street Address (P.O. Box Number is Not Acceptable)
17420 U.S. Hwy 41 N.
 City **Lutz** **FL** Zip Code **33549**

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 _____ (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, 2002 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

TITLE ☐ Delete
 NAME **D REEVES, RICHARD**
 STREET ADDRESS **216 HAYES RD.**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: **RICHARD REEVES** **4/29/02** **813-909-9701**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)