

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077432

1. Entity Name

FLORIDA 1 BUSINESS PRODUCTS, INC.

Principal Place of Business

25 WALTER MARTIN ROAD  
SUITE 101  
FORT WALTON BEACH FL 32548

Mailing Address

25 WALTER MARTIN ROAD  
SUITE 101  
FORT WALTON BEACH FL 32548

2. Principal Place of Business

221 NE HOLLYWOOD BLVD

3. Mailing Address

P.O. BOX 575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH, FL

City & State

FORT WALTON BEACH, FL

4. FEI Number

59-3669240

Applied For

Not Applicable

Zip

32548

Country USA

(0Ka10039)

Zip

32549-0575

Country USA

(0Ka10039)

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, STEVEN B ESQ.  
25 WALTER MARTIN ROAD  
SUITE 101  
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

PAUL MYERS

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

221 NE HOLLYWOOD BLVD, Box 575

City

FORT WALTON BEACH

FL

Zip Code

32549

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

Paul Myers, PAUL MYERS, Vice President, Section 1-9-01

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, 2001 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 D  
NAME MYERS, BETTY J  
STREET ADDRESS P.O. BOX 575  
CITY-ST-ZIP FT. WALTON BEACH FL 32549 ☐ Delete

TITLE D  
NAME MYERS, PAUL  
STREET ADDRESS P.O. BOX 575  
CITY-ST-ZIP FT. WALTON BEACH FL 32549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

Paul Myers, PAUL MYERS, Vice President, 1-9-01, 850-796-0974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0467884

CR2E034 (10/00)

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90007 003 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE