

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90013 027 ***150.00

DOCUMENT # P00000088975

1. Entity Name

CAVALIERI PRINTING, INC.

Principal Place of Business

**118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

250 FRANCES DRIVE

3. Mailing Address

P.O. Box 161076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL 32714

City & State

Altamonte Springs, FL

Zip

32714

Country

SEMINOLE

Zip

32716-1076

Country

SEMINOLE

4. FEI Number

59-3666660

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
CAVALIERI PRINTING, INC.
Street Address (P.O. Box Number is Not Acceptable)
CYNTHIA L. CAVALIERI
250 FRANCES DRIVE
City **Altamonte Springs** **FL** Zip Code **32714**

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

Cynthia L. Cavalieri

3/19/01

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 **PSTD** ☐ Delete
NAME **CAVALIERI, CYNTHIA L**
STREET ADDRESS **118 WEST ORANGE STREET**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT PSTD** ☒ Change ☐ Addition
NAME **CYNTHIA L. CAVALIERI**
STREET ADDRESS **250 FRANCES DRIVE**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

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

TITLE ☐ Change ☐ Addition
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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:

Cynthia L. Cavalieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA L. CAVALIERI **3/19/01**

Date

Daytime Phone #

407-869-9019

CR2E034 (10/00)