

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90088 012 ***150.00

DOCUMENT # P01000025815

1. Entity Name
ANOTHER PRINTER, INC.

Principal Place of Business
**24551 PRODUCTION CIRCLE
BONITA SPRINGS FL 34135**

Mailing Address
**24551 PRODUCTION CIRCLE
BONITA SPRINGS FL 34135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24551 Production Circle

3. Mailing Address
24551 Production Circle

Suite, Apt. #, etc.
Unit 2

Suite, Apt. #, etc.
Unit 2

City & State
Bonita Springs, Florida

City & State
Bonita Springs FL

Zip
34135

Country
USA

Zip
34135

Country
USA

4. FEI Number
65-1085602

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FELDEN, CHRISTIAN B
GULF COAST NATIONAL BANK
3838 TAMiami TRAIL N, SUITE 416
NAPLES FL**

7. Name and Address of New Registered Agent

Name
Deborah C Thompson
Street Address (P.O. Box Number is Not Acceptable)
24551 Production Circle, Unit 2
City
Bonita Springs **FL** Zip Code
34135

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 **Deborah C Thompson**

DATE **2/19/02**

(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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D THOMPSON, DEBORAH C
24551 PRODUCTION CIRCLE
BONITA SPRINGS FL 34135** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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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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☐ 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: **Deborah C Thompson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/22/02**

DAYTIME PHONE # **941/498-3565**

CR2E034 (9/01)