

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90080 013 \*\*\*150.00

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**DOCUMENT # P02000022830**

1. Entity Name  
**ON HAND PRESS, INC.**



Principal Place of Business  
**2034 WEAVER PARK DR.  
CLEARWATER FL 33765**

Mailing Address  
**2034 WEAVER PARK DR.  
CLEARWATER FL 33765**

**55056455**

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

**01-064-9502**

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

**IRVINE, JOHN  
2034 WEAVER PARK DR.  
CLEARWATER FL 33765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **IRVING, JOHN**  
STREET ADDRESS **2214 WINDSONG CT.**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **DVT** ☐ Delete  
NAME **KOPITNIK, JUDY**  
STREET ADDRESS **2214 WINDSONG CT.**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Irvine, John**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Judy Kopitnik**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/03 727 441-9659**  
Date Daytime Phone #

CR2034 (4/03)



Attachment  
**Health·On·Hand™**

550510455  
#P02000022830

A division of On·Hand·Press

September 9, 2003

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern,

I received this letter and my uniform business report in the mail on August 25, 2003. The letter states that I did not complete the FEI number, but the number is completed on the attached copy.

After trying several days (the phone number given on the letter was out of order) I finally reached someone who looked up the report and could not understand why it was returned to me. This operator, Eula, instructed me to simply send the report back in - which I am doing.

I would appreciate if someone could contact me via telephone if this is not correct.

Thank you for your assistance,

727-441-9659

  
Judy Kopitnik  
On Hand Press, Inc.

Attachment 55050455



Health-On-Hand™

# [REDACTED]  
# 000022830

A division of On-Hand-Press

August 1, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern,

This letter is to attest that we did not receive a notice prior to that which is enclosed to submit our Uniform Business Report. The enclosed report is the first notice we received to submit along with the filing fee.

Therefore I am requesting that the \$400.00 penalty fee be waived and am enclosing the original \$150.00 filing fee.

Please call me if you have any questions regarding this matter at (727) 441-9659.

Thank you for your assistance in this matter.

Sincerely,

Judy Kopitnik, Vice President  
On-Hand Press, Inc.