

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 21, 2001 8:00 am
Secretary of State

04-27-2001 90275 009 ***150.00

DOCUMENT # P93000009448

1. Entity Name
HD QUIKPRINT AND DISCOUNT OFFICE SUPPLIES SOUTH,

Principal Place of Business Mailing Address
5424 HANSEL AVE 5424 HANSEL AVE
ORLANDO FL 32809 ORLANDO FL 32809

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 **59-3169583** 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

BERTHOLD, JOHN K
114 S SEMORAN BLVD
SUITE 1
WINTER PARK FL 32792

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

SIGNATURE *[Signature]* *[Signature]* **4-15-01**

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	P	☐ Delete
NAME	BERTHOLD, MATTHEW	
STREET ADDRESS	7719 ACANDIAN DRIVE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	DT	☐ Delete
NAME	BETHOLD, JOHN K.	
STREET ADDRESS	2364 SIERRA LANE	
CITY-STATE-ZIP	MAITLAND FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(3)(f), 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, changed, or on an attachment with an address, with all other PEOs empowered.

SIGNATURE: *[Signature]* **5-15-01** **PRESIDENT**

CR2E034 (10/00)