

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041042

1. Entity Name

BECK'S PRE-PRESS, INC.

**FILED**  
**Jul 23, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90009 048 \*\*\*150.00  
07-23-2001 90003 002 \*\*\*400.00

Principal Place of Business

572-D APPLEYARD DRIVE  
TALLAHASSEE FL 32304

Mailing Address

572-D APPLEYARD DRIVE  
TALLAHASSEE FL 32304

2. Principal Place of Business

1407 CAPITAL CR. N.W.

Suite, Apt. #, etc.

Tallahassee, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3247850

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENGSTEBECK, JAMES F  
572-D APPLEYARD DRIVE  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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.

SIGNATURE

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	<input type="checkbox"/> Delete
NAME	HENGSTEBECK, JAMES F	
STREET ADDRESS	572-D APPLEYARD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HENGSTEBECK, CINDY	
STREET ADDRESS	6440 COUNT TURF TRL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cindy Hengstebek (Cindy Hengstebek)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 576 4387

CR2E034 (10/00)

**Beck's Prepress, Inc.**

1467 Capital Circle, N.W.  
Tallahassee, Florida 32303  
850-576-4387

Attachment  
# P9400004104

A0078949

June 29, 2001

Dear Sirs,

Please excuse our delinquency in filing this form. We moved our business in April  
and this form (among other papers) was misplaced.

We appreciate your understanding.

Thank you,

*Cindy Hengstebeck, V.P.*

Cindy Hengstebeck, V.P.

I will not hesitate to tell you  
I think it's a "crime" you  
penalize this astronomical amount  
for a innocent oversight.  
This is an injustice!