

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086845

1. Entity Name

HALYARD PRESS, INC.

Principal Place of Business

6248 HALYARD COURT  
ROCKLEDGE FL 32955

Mailing Address

6248 HALYARD COURT  
ROCKLEDGE FL 32955-5764

2. Principal Place of Business

4841 verona circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 410308

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip  
32940

Country  
USA

City & State

Melbourne, FL

Zip  
32941

Country  
USA

4. FEI Number

59-3274533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERRITT, SANDRA M  
6248 HALYARD CT  
ROCKLEDGE FL 32955

Change of address  
→

7. Name and Address of New Registered Agent

Name

~~Sandra M. Merritt~~ Sandra M. Merritt

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

4841 Verona Circle

City

Melbourne,

FL

Zip Code

32940

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

*Sandra M. Merritt*

Sandra M. MERRITT (Address change only) 3/11/00

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, 2000 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  
CPS  
MERRITT, SANDRA M  
6248 HALYARD CT  
ROCKLEDGE FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
MERRITT, STEPHEN P  
6248 HALYARD CT  
ROCKLEDGE FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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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

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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:

*Sandra M. Merritt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 APRIL 2000

Date

321-259-2165

Daytime Phone #

CP25034 (9/00)