

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90957 038 \*\*\*150.00

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**DOCUMENT # P94000086845**

1. Entity Name

HALYARD PRESS, INC.



Principal Place of Business

1542 STAFFORD AVE  
MERRITT ISLAND FL 32952

Mailing Address

P O BOX 410308  
MELBOURNE FL 32941

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

59-3274533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MERRITT, SANDRA M  
4841 VERONA CIR  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Merritt Sandra, M

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

1542 STAFFORD AVE

City

Merritt Island, FL

Zip Code

32952

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

*Sandra Merritt* Sandra Merritt

24 April 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 CPS  
NAME MERRITT, SANDRA M  
STREET ADDRESS 6248 HALYARD CT  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

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

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 C P S  
NAME Merritt Sandra M  
STREET ADDRESS 1542 STAFFORD AVE  
CITY-ST-ZIP Merritt Island, FL 32952 ☒ Change ☐ Addition

TITLE VT  
NAME Merritt Stephen P  
STREET ADDRESS 1542 STAFFORD AVE  
CITY-ST-ZIP Merritt Island, FL 32952 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
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  
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:

*Steve Merritt* Steve Merritt

Date

4/24/03

321-453-7424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)