

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State
 09-16-2002 90101 043 ***550.00

DOCUMENT # P95000049153

1. Entity Name
CANNON PRESS, INC.

Principal Place of Business
733 W CHURCH ST
ORLANDO FL 32805

Mailing Address
733 W CHURCH ST
ORLANDO FL 32805

00100700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
925 WEST CENTRAL BLVD

Suite, Apt. #, etc.
925 WEST CENTRAL BLVD

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number **59-3352957**

Applied For
 Not Applicable

Zip
32805

Country
ORANGE

Zip
32805

Country
ORANGE

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

TAYLOR, STEVE
733 W CHURCH ST
ORLANDO FL 32805

Name **TAYLOR STEVE**
 Street Address (P.O. Box Number is Not Acceptable)
925 WEST CENTRAL BLVD

City **ORLANDO** FL Zip Code **32805**

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 **9/11/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D TAYLOR, STEVE** ☐ Delete
 STREET ADDRESS **3284 SEMORAN BLVD #1**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE
 NAME **D TAYLOR STEVE** ☒ Change ☐ Addition
 STREET ADDRESS **6912 SALINAS DR**
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE
 NAME **D FARMER, ROBERT** ☐ Delete
 STREET ADDRESS **5773 FIVE FLAGS BLVD #1267**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE
 NAME **D Farmer, Robert** ☒ Change ☐ Addition
 STREET ADDRESS **2430 ISLAND DRIVE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
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TITLE
 NAME ☐ Change ☐ Addition
 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 no address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/11/02** DAYTIME PHONE # **407-481-0092**

CR2E034 (4/02)