

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094927

1. Entity Name

SUNDOWNER BUSINESS FORMS & PRINTING, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90107 036 ***150.00

Principal Place of Business
15 RIVERVIEW ROAD
PANACEA FL 32346

Mailing Address
P.O. BOX 895
PANACEA FL 32346

C0040965



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3350970

Applied For
Not Applicable

Zip Country

Zip Country

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

CRAFT, ROGER R
15 RIVERVIEW ROAD
PANACEA FL 32346

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P CRAFT, R R
STREET ADDRESS 15 RIVERVIEW RD
CITY-ST-ZIP PANACEA FL 32346 ☐ Delete

TITLE NAME ST HARDEN, D
STREET ADDRESS 15 RIVERVIEW ROAD
CITY-ST-ZIP PANACEA FL 32346 ☐ Delete

TITLE NAME Name change CRAFT, D
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 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: *Robt Craft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01
Date

984-0203
Daytime Phone #

CR2E034 (10/00)