

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90103 017 ***150.00

DOCUMENT # P95000094927

1. Entity Name

SUNDOWNER BUSINESS FORMS & PRINTING, INC.

Principal Place of Business

**15 RIVERVIEW ROAD
PANACEA FL 32346**

Mailing Address

**P.O. BOX 895
PANACEA FL 32346**

2. Principal Place of Business

**15 Riverview Rd
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 895
Suite, Apt. #, etc.**

City & State

Panacea, FL

City & State

Panacea, FL

4. FEI Number

59-3350970

Applied For

☐ Not Applicable

Zip

32346

Country

Wakulla

Zip

32346

Country

Wakulla

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAFT, ROGER R
15 RIVERVIEW ROAD
PANACEA FL 32346**

**President
CRAFT, Deborah K.
15 Riverview Rd.
P.O. Box 895
Panacea, FL 32346**

7. Name and Address of New Registered Agent

**Name: Deborah K. CRAFT
Street Address (P.O. Box Number is Not Acceptable):
#15 Riverview Rd.
City: Panacea FL Zip Code: 32346**

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, 2002 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	ST	<input type="checkbox"/> Delete
NAME	CRAFT, R R	
STREET ADDRESS	15 RIVERVIEW RD	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE	ST P	<input type="checkbox"/> Delete
NAME	CRAFT, D	
STREET ADDRESS	15 RIVERVIEW ROAD	
CITY-ST-ZIP	PANACEA FL 32346	
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	
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:

Deborah K. CRAFT

2-22-02

850-984-0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)