

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099828

1. Entity Name

LASERPRINT SERVICE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90012 012 ***150.00

Principal Place of Business

Mailing Address

8030 PHILLIPS HIGHWAY #3
JACKSONVILLE FL 32256

240 FOXRIDGE ROAD
ORANGE PARK FL 32065-5736

2. Principal Place of Business

5860 TIMUGUANA RD

3. Mailing Address

240 FOXRIDGE RD

Suite, Apt. #, etc.

Suite #4

Suite, Apt. #, etc.

City & State

JAX, FL

City & State

ORANGE PARK, FL

Zip

32210

Country

Zip

32065

Country

4. FEI Number

59-3419205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRALEY, GEORGE
8030 PHILLIPS HIGHWAY #3
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

JAMES MICHAEL KAES

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

972 SANDSTONE DRIVE

City

ORANGE PARK FL

Zip Code

32065

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, 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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
P
FRALEY, GEORGE
240 FOXRIDGE ROAD
ORANGE PARK FL 32065

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JAMES MICHAEL KAES
972 SANDSTONE DR
ORANGE PARK FL 32065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MICHAEL KAES

Date

1/4/2000

Daytime Phone #

904
739-0989