

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 28 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099828

1. Entity Name

LASERPrint Services, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2175 Kingsley Ave

Suite, Apt. #, etc.

Suite 310

City & State

Orange Park FL

Zip

32073

Country

CLAY

3. Mailing Address

2175 Kingsley Ave

Suite, Apt. #, etc.

Suite 310

City & State

Orange Park FL

Zip

32073

Country

CLAY

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4. FEI Number

59-3419-205

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current 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

**DO NOT WRITE  
IN THIS SPACE**

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

James Michael Kaes / James Michael KAES

5/10/02

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/T/O  
James Michael KAES  
972 Sandstone Drive  
Orange Park FL 32065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/S  
Lisa Jo KAES  
972 Sandstone Dr.  
Orange Park, FL 32065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300005754763--7  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Michael Kaes James Michael KAES

5/10/02

904-739-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)