

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000006846**

1. Entity Name

ECLIPSE PRINTING, INC.

Principal Place of Business

**3960 NAVY BOULEVARD, SUITE 16
PENSACOLA FL 32507**

Mailing Address

**3960 NAVY BOULEVARD, SUITE 16
PENSACOLA FL 32507**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3422073**

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

Brenda Joy Liles

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

9345 Chisholm Rd #D-2

City

Pensacola

FL

Zip Code

32514

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

*Brenda Joy Liles, President Brenda J. Liles**4-27-01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 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
STREET ADDRESS
CITY - ST - ZIP
**PTD
LILES, BRENDA J
3960 NAVY BOULEVARD, SUITE 16
PENSACOLA FL 32507** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
CABANOS, JENNIFER J
3960 NAVY BOULEVARD, SUITE 16
PENSACOLA FL 32507** ☐ DeleteTITLE
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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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Jennifer Cabanos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-01

Day and Phone if

*850-457-9849***FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90074 022 ***150.00

1 0 4 3 4 0



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)