

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000095155**

1. Entity Name
OCTAGON PRESS, INC.

U 1 2 0 0 0

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3252 HORSE SHOE TRAIL

3. Mailing Address
P.O. Box 5994

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
59-3528859

Applied For
 Not Applicable

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32312

Country
LEON

Zip
32314-5994

Country
LEON

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ARTHUR L. BERGER

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

3252 HORSESHOE TRAIL,

City **TALLAHASSEE** FL Zip Code **32312**

6. 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 date of registration

(NOTE: Registered Agent signature required when changing)

DATE

8. 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 \$180.00
 After May 1, Fee is \$558.00
 Amend UBR is \$61.25
 Make Check Payable to Department of State

18. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	ARTHUR L. BERGER P/D 3252 HORSESHOE TRAIL TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct, 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 employed 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 employees.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2002
 Date

850-219-2080
 Daytime Phone #

CR2E034B (12/01)