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

changed, or on an attachment

SIGNATURE:

## Jan 31, 2001 8:00 am DOCUMENT # P9800006650 **Secretary of State** FORSYTH PRINTING, INC. 01-31-2001 90322 025 \*\*\*150.00 Principal Place of Business Mailing Address 2721 FORSYTH ROAD 2721 FORSYTH ROAD STF 101 **STE 101** WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3489945 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUNNELL, KIRK Street Address (P.O. Box Number is Not Acceptable) 2721 FORSYTH ROAD SUITE 101 WINTER PARK FL 32792 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 3R2E034 (10/00) TITLE ☐ Delete ☐ Change Addition NAME NAME MUNNELL, KIRK STREET ADDRESS STREET ADDRESS 4801 B Goldenrod Road CITY-ST-ZIP CITY-ST-ZIP Winter Park, Florida Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-2(P CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR