

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102052

1. Entity Name

DOCUMENT PRODUCTION CENTER, INC.

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90430 032 ***550.00

Principal Place of Business

5796 HOFFNER AVE
STE 603
ORLANDO FL 32822

Mailing Address

5796 HOFFNER AVE
STE 603
ORLANDO FL 32822

C0071469



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5511 Commerce Drive
Suite, Apt. #, etc.

3. Mailing Address

5511 Commerce Drive
Suite, Apt. #, etc.

City & State
Orlando Florida
Zip
32839
Country
USA

City & State
Orlando Florida
Zip
32839
Country
USA

4. FEI Number 59-3547348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS M SR
3404 BROOKWATER CR
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name Brannon W. Wright

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

3404 Brookwater Circle

City Orlando FL Zip Code 32822

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 *Thomas M Wright Sr*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Brannon W. Wright 6/12/01
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, THOMAS M SR	
STREET ADDRESS	3404 BROOKWATER CR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Brannon W. Wright	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	3404 Brookwater Circle	
CITY-ST-ZIP	Orlando FL 32822	
TITLE	Chris Wright	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary/Treasurer	
STREET ADDRESS	3404 Brookwater Circle	
CITY-ST-ZIP	Orlando FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

6/12/01
Date

407-850-0708
Daytime Phone #

CR2E034 (10/00)