

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016748

1. Entity Name

ST. JOHNS PRESS CORPORATION

Principal Place of Business

3145 LEON RD.
JACKSONVILLE FL 32246

Mailing Address

3145 LEON RD.
JACKSONVILLE FL 32246

2. Pri

St. Johns Press Corp

Su

2375 St. John's Bluff Road, #309

Cit

Jacksonville, Fl 32246

Zip

Country

Zip

Country

4. FEI Number

59-3560640

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABOL, JOSEPH A
2375 St Johns Bluff Rd, S. #309
Jacksonville, Fl 32246

7. Name and Address of New Registered Agent

Name SABOL, JOSEPH A
ST JOHN'S PRESS CORP
Street 2375 St Johns Bluff Rd, S. #309
Jacksonville, Fl 32246
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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SABOL, JOSEPH A
STREET ADDRESS 2375 St Johns Bluff Rd, S. #309
CITY-ST-ZIP Jacksonville, Fl 32246

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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

Date

Daytime Phone #

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90010 020 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)