

2000 UNIFORM BUSINESS REPORT (UBR)

4/12

DOCUMENT # P99000052176

1. Entity Name

ADVANTAGE PRINTING & LAMINATING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

04-12-2000 90067 044 ***150.00

Principal Place of Business 137 BARTRAM PARKE DR. JACKSONVILLE FL 32259	Mailing Address 137 BARTRAM PARKE DR. JACKSONVILLE FL 32259-4276
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2. Principal Place of Business 4949-1 Sunbeam Rd. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 24140 Suite, Apt. #, etc.
City & State Jacksonville, FL Zip 32257 Country USA	City & State Jacksonville FL Zip 32241 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATSON, TODD ESQ. 7785 BAYMEADOWS WAY, STE. 107 JACKSONVILLE FL 32257	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D MCGEE, C. TROY 137 BARTRAM PARKE DR. JACKSONVILLE FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, M. LEANNE 137 BARTRAM PARKE DR. JACKSONVILLE FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

904-737-0066

Daytime Phone #

CR2E034 (9/99)