

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90001 028 ***150.00

DOCUMENT # P99000104022

1. Entity Name
TUCKER LITHOGRAPHIC COMPANY, INC.

Principal Place of Business
**1914 BEACHWAY RD. STE.1M
JACKSONVILLE FL 32207.**

Mailing Address
**1914 BEACHWAY RD. STE.1M
JACKSONVILLE FL 32207**

2. Principal Place of Business
1258 DONALD STREET
Suite, Apt. #, etc.

3. Mailing Address
7961 NORMANDY BLVD.
Suite, Apt. #, etc.
PMB 3

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3611067

Applied For
☐ Not Applicable

Zip
32205

Country
USA

Zip
32221

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, ELIOT
5000 SAN JOSE BLVD., NO.8
JACKSONVILLE FL 32207

Name **ELIOT TUCKER**
Street Address (P.O. Box Number is Not Acceptable)
7770 KNOLL DR., N.
City **JACKSONVILLE** FL Zip Code **32221**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **ELIOT TUCKER**
CITY-ST-ZIP **7770 KNOLL DR. NORTH JACKSONVILLE, FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/23/01

Date

904/384-1667

Daytime Phone #

CR2E034 (10/00)