

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S39678**

1. Entity Name  
**PRINT EXPRESS, INC.**

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90223 006 \*\*\*150.00

Principal Place of Business  
**2553 N. ATLANTIC AVE.**  
**SUITE 141**  
**DAYTONA BEACH FL 32118**

Mailing Address  
**2553 N. ATLANTIC AVE.**  
**SUITE 141**  
**DAYTONA BEACH FL 32118**

**80014033**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3061240**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PARALEGAL AND ATTORNEY SERVICE BUREAU**  
**1020 EAST LAFAYETTE ST.**  
**SUITE 110-A**  
**TALLAHASSEE FL 32301**

Name

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

City

**FL**

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) ☐

**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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **GIRARD, ALAIN**  
STREET ADDRESS **2553 N. ATLANTIC AVE.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/15/2000**

Date

**450-224-8290**

Daytime Phone #

CR2E034 (5/00)

from

PRINT EXPRESS, INC.  
2553 N. ATLANTIC AVE.  
PMB 141  
DAYTONA BEACH, FL 32118

attachment Doc #  
S3964  
8/15/2000  
A0074095

to

Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

I've just received the UBR and I just realized this is a 2<sup>nd</sup> notice when I saw the amount (\$550.00) to be paid, now I just realized I never got my first UBR in January, like usually.

I have been filling this report for at least 8 years prior to this one and never been late before to avoid late fees.

So I called your office and been told to write to you and to include \$150.00, and to wait for your decision.

I hope you do understand and believe to my sincerity to comply to my duties as a corporate official.

Thank you in advance  
all yours

Steve Stuart  
owner