

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S69154****1. Entity Name**
COMMUNICATION PRINTING COMPANY**Principal Place of Business**13161 56TH COURT
SUITE 208
CLEARWATER FL 33760
US**Mailing Address**13161 56TH COURT
SUITE 208
CLEARWATER FL 33760
US**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 17800

Suite, Apt. #, etc.

City & StateCity & State
CLEARWATER FL**Zip****Country**Zip
33762-0800**Country****4. FEI Number** 59-3077904

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**DREW, WILLIAM M.
13161 56TH COURT
SUITE 208
CLEARWATER FL 33760**7. Name and Address of New Registered Agent**

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 \$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 PS ☐ Delete
NAME DREW, WILLIAM M.
STREET ADDRESS 13161 56TH COURT, SUITE 208
CITY-ST-ZIP CLEARWATER FL 33760TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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
WILLIAM M. DREW

Date

Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90001 043 ***150.00

00001217



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)