

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V18078**

1. Entity Name

The CRESSET PRESS Inc.

FILED

00 MAY -9 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~3976 LINWOOD ST~~
~~Sarasota~~

2. Principal Place of Business

3. Mailing Address

3976 LINWOOD ST
Suite, Apt. #, etc.

P.O. Box 2378
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Sarasota, FL

Sarasota, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

34232

Sarasota

34230

Sarasota

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

John M. Scholfield
3976 Linwood St.
Sarasota, FL 34232

Name: John M. Scholfield
Street Address (P.O. Box Number is Not Acceptable):
3976 Linwood St
City: Sarasota FL Zip Code: 34232

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

John M. Scholfield

5-5-2000

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	<input type="checkbox"/> Delete
President	John M. Scholfield	3976 Linwood St	Sarasota, FL 34232	<input type="checkbox"/>
Biggest Asset Bank Dir.	Elizabeth S. Scholfield	2155 Wood Street	Sarasota, FL 34237	<input type="checkbox"/>
Secretary & Director	Elizabeth S. Scholfield	3976 Linwood St	Sarasota, FL 34232	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

John M. Scholfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-5-2000 (941) 371-8540

CR2E034 (9/99)