

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 294560

1. Entity Name

INTERPRINT INCORPORATED

Principal Place of Business

Mailing Address

12350 US HIGHWAY 19 N
CLEARWATER FL 33764
US

12350 US HWY 19 NO
ST. PETERSBURG FL 33764-7418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTEN, JAMES E.
15462 GULF BLVD
#906
MADERIA BEACH FL 33708

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, 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 ☐ Delete
NAME TPD
STREET ADDRESS MORTEN, JAMES E
CITY-ST-ZIP 15462 GULF BLVD, #906
MADERIA BCH FL

TITLE ☒ Change ☐ Addition
NAME T/P/D/C
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SDV
STREET ADDRESS MORTEN, SCOTT J
CITY-ST-ZIP 13328 93RD AVE. NO
SEMINOLE FL 33776

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS MORTEN, JAMES A
CITY-ST-ZIP 8567 PARKWOOD BLVD., #.
SEMINOLE FL 34647

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
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
Date

(727) 531-8952
Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90037 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0871253

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (9/99)