# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 31, 2002 8:00 am**
**Secretary of State**
01-31-2002 90047 038 ****61.25

DOCUMENT # 709966

1. Entity Name

PRINTING ASSOCIATION OF FLORIDA, INC.

| Principal Place of Business | |
|---|---|
| 6275 HAZELTINE NATIONAL DRIVE<br>ORLANDO FL 32822<br>US | Printing Association of Florida<br>6275 Hazeltine National Drive<br>Orlando, FL 32822 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 6275 Hazeltine Nat'l Dr.<br>Suite, Apt. #, etc. |
| City & State | City & State: Orlando Fl. |
| Zip / Country | Zip: 32822 / Country: U.S. |

4. FEI Number: 59-0536092 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| DULBERT, ROBERT A<br>100 SE 2ND ST.<br>21ST FLOOR<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>GARCIA, ED<br>6912 NW 40TH STREET<br>MIAMI FL 33166 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>STREIBIG, MICHAEL H<br>6275 HAZELTINE NATIONAL DR<br>ORLANDO FL 32822 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>LANSON, DUTTON<br>280 W 79TH PLACE<br>HIALEAH FL 33014 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>D'Angelo, Robert<br>337 S. Northlake Blvd<br>Altamonte Springs, Fl 32701<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>MAGUIRE, BILL<br>337 S NORTHLAKE BLVD<br>ALTAMONTE SPRINGS FL 32701 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>Angstrom, Wayne<br>2025 McKinley St.<br>Hollywood Fl. 33054<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ANGSTRON, WAYNE<br>2025 MCKINLEY STREET<br>HOLLYWOOD FL 33054 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Maguire, Bill<br>3805 University Blvd W.<br>Jacksonville, Fl. 32217<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 Date Daytime Phone #