2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 13, 2000 8:00 am Secretary of State **DOCUMENT # F60502** 1. Entity Name PRINTER'S PLUS, INC. 01-13-2000 90028 011 ***150.00 Mailing Address Principal Place of Business 215 SOUTH MYRTLE AVE. 215 SOUTH MYRTLE AVE. **しりりひたまりい** CLEARWATER FL 34616 CLEARWATER FL 33756-5521 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2145419 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADLER, ALAN B Street Address (P.O. Box Number is Not Acceptable) 215 S MYRTLE AVENUE **CLEARWATER FL 33756** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE TITLE PD ☐ Delete ADLER, ALAN B. NAME STREET ADDRESS STREET ADDRESS 215 SOUTH MYRTLE AVE. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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 attachyrant with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CICALATURE &

STREET ADDRESS

CITY-ST-ZIE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Pr 01-06-2000

@ 7217-242-435