2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005161

1. Entity Name
TEETOGREEN GRAPHICS, LLC

Principal Place of Business	Mailing Address
221 PAULS DRIVE. SUITE A BRANDON FL 33511	221 PAULS DRIVE. SUITE A BRANDON FL 33594-9204

2. Principal Place of Business	3. Mailing Address
5417 Burnt Hickory Drive	5417 Burnt Hickory Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico FL	City & State: Valrico FL
Zip: 33594-9204 Country:	Zip: 33594-9204 Country:

MNM DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3578257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLONECKI, MICHAEL 221 PAULS DRIVE, SUITE A BRANDON FL 33511	Name: Street Address (P.O. Box Number is Not Acceptable): 5417 Burnt Hickory Drive City: Valrico **FL** Zip Code: 33594-9204

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 _____ Michael Klonecki 2/8/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KLONECKI, MICHAEL 221 PAULS DRIVE, SUITE A BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5417 Burnt Hickory Drive Valrico FL 33594-9204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LATHROP, PAUL 221 PAULS DRIVE, SUITE A BRANDON FL 33511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGR Klonecki, Laurie 5417 Burnt Hickory Drive Valrico FL 33594-9204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003236549--7 -05/03/00--01031--019 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELECTRONICALLY Michael Klonecki 2/8/2000 (813) 651-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #