FILED
Apr 24, 2003 8:00 am
Secretary of State

4/10/

04-10-2003 90156 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084595

1. Entity Name
LABELS DEPOT INC.

55030325

Principal Place of Business
4409 WALLCRAFT AVE.
TAMPA, FL 33611

Mailing Address
4409 WALLCRAFT AVE.
TAMPA, FL 33611

2. Principal Place of Business: 3601 W. GRAY St.
Suite, Apt. #, etc.
City & State: TAmpA FL
Zip: 33609 Country: Hillsborough

3. Mailing Address: 3601 W GrAY ST
Suite, Apt. #, etc.
City & State: TAmpA FL
Zip: 33609 Country: Hillsborough

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 161627545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
1000 WEST AVE., STE. 1114
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name: Ronald H. Weathers
Street Address (P.O. Box Number is Not Acceptable): 3601 W GrAY ST.
City: TAmpA FL Zip Code: 33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-22-03
DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WEATHERS, RONALD H		NAME	Weathers, Ronald H	
STREET ADDRESS	4409 WALLCRAFT AVE.		STREET ADDRESS	3601 W. GRAY Street	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	TAmpA FL 33609	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 607, 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] 4-8-03 866-229-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #