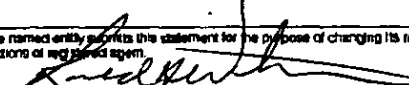
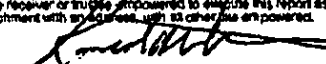


FILED
Apr 24, 2003 8:00 am
Secretary of State

4/10/03

04-10-2003 90156 011 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084595		
1. Entity Name LABELS DEPOT INC.		
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.		3. Mailing Address 3601 W GRAY ST Suite, Apt. #, etc.
City & State Tampa FL		City & State Tampa FL
Zip 33609		Zip 33609
County Hillsborough		County Hillsborough
4. FEI Number 167627545		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 33609
8. The above named entity guarantees 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 		DATE 4-22-03
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 may be Added to Fee		
10. OFFICERS AND DIRECTORS		
TITLE	NAME	DATE
NAME	WEATHERS, RONALD H	
STREET ADDRESS	4409 WALLCRAFT AVE.	
CITY-STATE-ZIP	TAMPA, FL 33611	
TITLE	NAME	DATE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	DATE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	DATE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	DATE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	DATE
NAME	WEATHERS, RONALD H	
STREET ADDRESS	3601 W. GRAY STREET	
CITY-STATE-ZIP	TAMPA FL 33609	
TITLE	NAME	DATE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	DATE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	DATE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(3)(f), 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 my address, with all other fee empowered.		
SIGNATURE: 		DATE 4-8-03 866 229-5822