## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P28637** Aug 22, 2000 8:00 am Secretary of State 1. Entity Name QUIK PRINT, INC. 08-22-2000 90219 011 \*\*\*550.00 Mailing Address Principal Place of Business 1012 WEST NINTH AVENUE 1012 WEST NINTH AVENUE KING OF PRUSSIA PA 19406 KING OF PRUSSIA PA 19406 A0973861 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 48-1077332 Not Applicable Country Zip Country \$8.75 Additional\_ 5. Certificate of Status Desired... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 David McGrew Ave 1012 West Hinth Ave King of Prussia, PA 19406 Addition Delete TITLE FOSTER, JOHN NAME NAME STREET ADDRESS 1012 WEST NINTH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KING OF PRUSSIA PA 19406 Addition ☐ Change ☐ Delete BELYEA, ALAN D NAME NAME STREET ADDRESS STREET ADDRESS 1012 W. 9TH AVE. CITY-ST-ZIP\_ KING\_OF\_PRUSSIA\_PA=19406 --CITY\_ST\_ZIP Change Addition ☐ Delete CETRULLO, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1012 W. 9TH AVE. CITY-ST-ZIP CITY-ST-ZIP KING OF PRUSSIA PA 19406 ☐ Change ☐ Addition TITI F TITLE. ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive 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 of the corporation or the receiver or trusted changed, or on an attachment with an application. Daytime Phone # Date