

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90004 036 ***150.00

DOCUMENT # P01000056734

1. Entity Name

POWERPRINT GRAPHICS, INC.

Principal Place of Business

**205 NATIONAL PLACE, UNIT 123
 LONGWOOD FL 32750**

Mailing Address

**205 NATIONAL PLACE, UNIT 123
 LONGWOOD FL 32750**

2. Principal Place of Business

820 C.R. 427

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Same

City & State

City & State

Longwood FL

Same

Zip

32750

Country

Same

Zip

Same

Country

Same

4. FEI Number

59-3724362

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CURRAN, R. CRAIG

926 CONTRAVEST LANE

WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

Curran, R. Craig

Street Address (P.O. Box Number is Not Acceptable)

1521 Hunters Mill Place

City

Orlando

FL

Zip Code

32765

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

R. Craig Curran President

1/04/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **R. Craig Curran** ☐ Delete
 NAME **President**
 STREET ADDRESS **1521 Hunters Mill Place**
 CITY-ST-ZIP **Orlando, FL 32765**

TITLE **Robert Curran** ☐ Delete
 NAME **Vice President**
 STREET ADDRESS **3845 Symmes Rd.**
 CITY-ST-ZIP **Hamilton, OH 45015**

TITLE **Curran** ☐ Delete
 NAME **Secretary**
 STREET ADDRESS **3845 Symmes Rd.**
 CITY-ST-ZIP **Hamilton, OH 45015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

R. Craig Curran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

Date

Daytime Phone #

CR2E034 (9/01)