
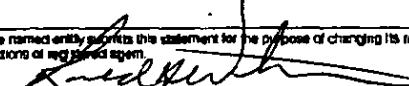



4/10/03

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. State, Apt. #, etc. | | 3. Mailing Address 3601 W GRAY ST State, 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 <input type="checkbox"/> | | \$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, the person named. | | | |
| SIGNATURE:  | | DATE: 4-22-03 | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fee | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | Weathers, Ronald H |
| STREET ADDRESS | 4409 WALLCRAFT AVE. | STREET ADDRESS | 3601 W. GRAY STREET |
| CITY-STATE-ZIP | TAMPA, FL 33611 | CITY-STATE-ZIP | TAMPA FL 33609 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 807, 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 facts as powered. | | | |
| SIGNATURE:  | | DATE: 4-8-03 | |
| NOTARY AND TYPE OR PRINT NAME OF NOTARY OFFICER OR DIRECTOR | | 866-229-5822 | |

55030325



X CHECK HERE IF MAKING CHANGES

C/FEEBOOK (10/02)