FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am Secretary of State **DOCUMENT #** 454691 1. Entity Name 04-16-2002 90157 003 \*\*\*150.00 PRINT FILE, INC. Principal Place of Business Mailing Address P.O.BOX 607638 P.O.BOX 607638 ORLANDO FL 32860-4638 ORLANDO FL 32860-4638 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-0835591 Not Applicable Zip Zip \$8.75 Additional --5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, PENNY Street Address (P.O. Box Number is Not Acceptable) 1846 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703 City Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME AMAT, HENRY W STREET ADDRESS 655 CRICKLEWOOD TERR STREET ADDRESS 3060 Grand Bay Blod # 195 CITY-ST-ZIP HEATHROW FL 32746 CITY-ST-ZIP Long Boat Key, FL 34228 TITLE Delete TITLE Change ☐ Addition NAME NAME WHITE, JEAN STREET ADDRESS 430 VILLAGE PL APT 212 STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME AMAT, MARK C STREET ADDRESS 543 VIA FONTANA DR UNIT 102 STREET ADDRESS 7811 Canyon Lake Circle CITY-ST-ZIP CITY-ST-ZIP Orlando. ALTAMONTE SPRINGS FL 32714 ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the recei

changed, or on an attachmen

<del>Mie ri</del>eQuired RINTED NAME OF SIGNING OFFICER OR DIRECTOR

vith all other like empowered.

or trustee emp