## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 19, 2000 8:00 am Secretary of State DOCUMENT # 483435 1. Entity Name PRESTO PRINT, INC. 05-19-2000 90012 014 \*\*\*150.00 Mailing Address Principal Place of Business 3226 BENNETT ST N 3226 BENNETT ST N ST PETERSBURG FL 33713-2642 ST PETERSBURG FL 33713 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEi Number City & State 59-1627147 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAYLOR, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 4366- 50TH PLACE S. ST. PETERSBURG FL 33711 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE SAYLOR, RICHARD A. NAME NAME STREET ADDRESS STREET ADDRESS 4366 50TH PLACE S CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Addition ☐ Change ☐ Delete TITLE TITLE DECK, JOHN W. NAME STREET ADDRESS STREET ADDRESS 227 - 30TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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

Nor 4/26/00