

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90080 004 ***158.75

DOCUMENT # 615033

1. Entity Name
ACTION PRINTING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

755547

| | |
|------------------------------------------------------------------|----------------------------------------------------|
| 2. Principal Place of Business 1120 West Kennedy Blvd. | 3. Mailing Address 1120 W. Kennedy Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|
| City & State Tampa, FL 33606 | City & State Tampa, FL 33606 | 4. FEI Number 59-1910079 | Applied For Not Applicable |
| Zip 33606 | Country USA | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|--------------------------------------------------------------------------------------|
| Name Patricia Rae Dowell |
| Street Address (P.O. Box Number is Not Acceptable) 1120 West Kennedy Blvd. |
| City Tampa, FL Zip Code 33606 |

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 **JOHN L. DOWELL (P)**

3-22-02

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP P DOWELL, JOHN L. 1120 W. KENNEDY BLVD. TAMPA, FL 33606 | TITLE NAME STREET ADDRESS CITY-ST-ZIP PATRICIA RAE DOWELL 1120 W. KENNEDY BLVD. TAMPA, FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VST DOWELL, PATRICIA R. 1120 W. KENNEDY BLVD. TAMPA, FL 33606 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John L. Dowell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2002 (813) 251-6458
Date Daytime Phone #

CR2E034B (12/01)