

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90343 021 ***158.75

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DOCUMENT # 615033

1. Entity Name
ACTION PRINTING SERVICE, INC.



Principal Place of Business
**1120 WEST KENNEDY BLVD
TAMPA FL 33606**

Mailing Address
**1120 WEST KENNEDY BLVD
TAMPA FL 33606**



2. Principal Place of Business
1120 W. Kennedy Blvd.

3. Mailing Address
1120 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL 33606

City & State
Tampa, FL 33606

4. FEI Number **59-1910079**

Applied For
☐ Not Applicable

Zip **33606**

Country
USA

Zip **33606**

Country
USA

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOWELL, PATRICIA RAE
1120 W KENNEDY BLVD
TAMPA FL 33606**

Name **John L. Dowell**
Street Address (P.O. Box Number is Not Acceptable)
1120 W. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John L. Dowell* **John L. Dowell, President** **April 18, 2003**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME	DOWELL, JOHN L.	
STREET ADDRESS	1120 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME	DOWELL, PATRICIA R.	
STREET ADDRESS	1120 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John L. Dowell* **John L. Dowell** **April 18, 2003** **(813) 251-6458**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)