

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 693878

1. Entity Name

CARROLLWOOD COPY CENTER AND PRINTING, INC.

Principal Place of Business

11423 N DALE MABRY
TAMPA FL 33618
US

Mailing Address

11423 N DALE MABRY
TAMPA FL 33618
US

2. Principal Place of Business

11406-C N. Dale Mabry
Suite, Apt. #, etc.

3. Mailing Address

11406-C N. Dale Mabry
Suite, Apt. #, etc.

City & State

TAMPA, FL 33618

City & State

TAMPA, FL 33618

Zip

33618

Country

US

Zip

33618

Country

US

4. FEI Number

59-2109369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMANUS, CHARLES F
11411 N DALE MABRY
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

MCMANUS, Charles F.

Street Address (P.O. Box Number is Not Acceptable)

11406-C N. Dale Mabry

City

TAMPA

FL

Zip Code

33618

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PVP MCMANUS, CHARLES 3127 W. SLIGH AVE A103 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCMANUS, ROBIN 3127 W. SLIGH AVE A103 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90240 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)