

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90195 009 ***150.00

DOCUMENT # F20018

1. Entity Name
QUICKPRINT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**4234 CLEVELAND AVE
FT. MYERS FL 33901
US**

Mailing Address
**4234 CLEVELAND AVE
FT. MYERS FL 33901
US**

2. Principal Place of Business

4172 CLEVELAND AVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4172 CLEVELAND AVE

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2103464**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, ROBERT P.
1619 JACKSON ST.
FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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
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

TITLE **P** ☐ Delete
NAME **COLLINS, JOANNE**
STREET ADDRESS **8420 GLENFINNAN CIRCLE**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **D** ☐ Delete
NAME **COLLINS, DONALD W.**
STREET ADDRESS **8420 GLENFINNAN CIRCLE**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **V** ☐ Delete
NAME **COLLINS, MARK M**
STREET ADDRESS **10268 SW COUNTY ROAD #769**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

JOANNE COLLINS
QUICKPRINT OF SOUTHWEST FLORIDA, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03

Date

(239) 936-2411

Daytime Phone #

CR2E034 (10/02)