

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90094 010 ***150.00

DOCUMENT # F97000000694

1. Entity Name
SHIPMATES-PRINTMATES, INC.



Principal Place of Business
**7800 SOUTHLAND BLVD
SUITE 100
ORLANDO FL 32809
US**

Mailing Address
**7800 SOUTHLAND BLVD
SUITE 100
ORLANDO FL 32809
US**

2. Principal Place of Business

3. Mailing Address

910 AXSA DOCUMENT SOLUTIONS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5806 BRECKENRIDGE PKWY

City & State

City & State

TAMPA, FL

Zip

Country

Zip

33610

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3421091

Applied For

Not Applicable

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

**POTOCHNEY, GEORGE J
7800 SOUTHLAND BLVD
#100
ORLANDO FL 32809**

Name

POTOCHNEY, GEORGE J.

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

400 WATER ST

City

CELEBRATION

FL

Zip Code

34747

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC POTOCHNEY, GEORGE J 7800 SOUTHLAND BLVD ORLANDO FL 32809	<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
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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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGE J. POTOCHNEY

Date

Daytime Phone #

1/6/03

813-740-2224

CR2E034 (10/02)