

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006694

1. Entity Name
TS PRINTING, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90298 038 ***150.00

Principal Place of Business

717 FIRST STREET EAST
BRADENTON FL 34208

Mailing Address

717 FIRST STREET EAST
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1583766

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Edwin W. Gray

Street Address (P.O. Box Number is Not Acceptable)
717 1st Street East

City
Bradenton

FL

Zip Code
34208

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, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Edwin W. Gray, Controller

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GODFREY, PAUL V | |
| STREET ADDRESS | 333 KING STREET EAST | |
| CITY-ST-ZIP | TORONTO, ONTARIO M5A3X5 CANA | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BOOTS, K. JOHN | |
| STREET ADDRESS | 333 KING STREET EAST | |
| CITY-ST-ZIP | TORONTO, ONTARIO M5A3X5 CANA | |
| TITLE | S- | <input type="checkbox"/> Delete |
| NAME | EAGAN, TRUDY | |
| STREET ADDRESS | 333 KING STREET EAST | |
| CITY-ST-ZIP | TORONTO, ONTARIO M5A3X5 CANA | |
| TITLE | D, | <input type="checkbox"/> Delete |
| NAME | DEMPSEY, WILLIAM R | |
| STREET ADDRESS | 1980 HYDE PARK ROAD | |
| CITY-ST-ZIP | LONDON, ONTARIO N6H519 CANAD | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | P/D/CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 717 1st Street East | |
| CITY-ST-ZIP | Bradenton, FL 34208 | |
| TITLE | V/D/CFD/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 717 1st Street East | |
| CITY-ST-ZIP | Bradenton, FL 34208 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 717 1st Street East | |
| CITY-ST-ZIP | Bradenton, FL 34208 | |
| TITLE | C | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Edwin W. Gray | |
| STREET ADDRESS | 717 1st Street East | |
| CITY-ST-ZIP | Bradenton, FL 34208 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Edwin W. Gray

Edwin W. Gray, Controller

941-748-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)