

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F99000006694

DOCUMENT # F99000006694

1. Entity Name
TS PRINTING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 20 PM 4:03

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, EDWIN W
717 1ST STREET EAST
BRADENTON FL 34208

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 reappointing)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DEMPSY, WILLIAM R	
STREET ADDRESS	717 1ST STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOUIS, SAINT ARNOLD	
STREET ADDRESS	717 1ST STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GRAY, EDWIN W	
STREET ADDRESS	717 1ST STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	88 TREASURER	<input type="checkbox"/> Delete
NAME	MENICUCCI, PIERO	
STREET ADDRESS	717 1ST STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President and CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierre Francoeur	
STREET ADDRESS	717 First street East	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	Vice President / Corp Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kin-Man Lee	
STREET ADDRESS	717 First Street East	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis Saint-Arnaud	
STREET ADDRESS	717 First Street	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claudine Tremblay	
STREET ADDRESS	717 First Street E	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	Director of Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Rendle	
STREET ADDRESS	717 First Street E	
CITY-ST-ZIP	Bradenton, FL 34208	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

941-748-4110
Daytime Phone #

CR2E034 (10/02)

2/2

Manning, Kenny

From: Kimberly Gillard [GillardK@dfs.state.fl.us]
Sent: Thursday, June 19, 2003 3:34 PM
To: Manning, Kenny
Subject: RE: wire

The information below is what there is.

-----Original Message-----

From: Manning, Kenny [mailto:KManning@dos.state.fl.us]
Sent: Thursday, June 19, 2003 3:30 PM
To: Kimberly Gillard
Subject: RE: wire

Kim,

This Deposit is one of our. Please send the wire to me.

Thanks,

Kenny

-----Original Message-----

From: Kimberly Gillard [mailto:GillardK@dfs.state.fl.us]
Sent: Thursday, June 19, 2003 11:35 AM
To: Kenny Manning 45 (E-mail); Bobby Blackshear DOS (E-mail); Deborah Garrison 4501 (E-mail)
Subject: wire

Debbie Lollie is the contact for this wire coming in.

Thanks
Kim

State of Florida Division of Treasury

Daily Activity Report

For Bank Date of: 06/13/2003

BAI Code: 191

DHSMV

Audit #	Deposit	Location	Bank ID	ID =	Bank Ref.	Office
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031670000135	300.00		00000000	630568		903706130028
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WIRE TYPE:BOOK IN DATE:061303 TIME:1430 ET TRN:030613028252 SENDERS

REF:01030613003887NN

ORIG:FLORIDA SUN PUBLICATIONS ID:003446458394