

# 2001-UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90946 001 \*\*\*150.00  
03-29-2001 90946 002 \*\*\*\*35.00

DOCUMENT # G89531

1. Entity Name  
SUREPRINT, INC.

Principal Place of Business

Mailing Address

842 NW 68 AVENUE  
PLANTATION FL 33317  
US

PO BOX 16633  
PLANTATION FL 33318

2. Principal Place of Business

1100 N.W. 105 WAY

3. Mailing Address

1100 NW 105 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

59-2378549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, LYNN A.  
842 NW 68 AVENUE  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

RONALD E. SHNIDER

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

1333 South University Drive, Suite 201  
Plantation FL 33324

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

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	DP JACOBS, JEFFREY H. 842 NW 68 AVE PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTVS JACOBS, LYNN A. 842 NW 68 AVE PLANTATION FL	<input checked="" 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	P.D. JACK S. LEFF 1100 NW 105 WAY PLANTATION, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy-Treas, D N. CHRISTINE LEFF 1100 NW 105 WAY PLANTATION, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHEN TRITES 2235 NW 107 AVE SUNRISE, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

Jack S. Leff President

Date

3-21-01

Daytime Phone #

954-370-1377

0504770

CR2E034 (10/00)

66599



DO NOT WRITE IN THIS SPACE