2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91620 May 10, 2000 8:00 am Secretary of State 1. Entity Name RIBBONS: CARTRIDGES & SPOOLS, INC. 05-10-2000 90110 039 ***150.00 Mailing Address Principal Place of Business % RICHARD T. REDCAY % RICHARD T. REDCAY 3800-70TH AVENUE. N. 3800-70TH AVENUE, N. PINELLAS PARK FL 33781-4606 PINELLAS PARK FL 33781 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2382412 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Lawrence Steinlauf REDCAY, RICHARD T. Street Address (P.O. Box Number is Not Acceptable) 6980 - 38th Street N 6970 38TH ST. N. PINELLAS PARK FL 33565 Zip Code Pinellas Park 33781 pose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for # SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DP Change X Detete TITLE TITLE REDCAY, RICK NAME NAME STREET ADDRESS STREET ADDRESS 6970 38TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL Change Addition Detete DP TITLE STEINLAUF, LARRY NAME STREET ADDRESS STREET ADDRESS 6970 38TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL П Спапое ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 appowered.

Lawrence Steinlauf SIGNATURE: / 4/24/00 (727)522 - 3755