

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

0466938
AV

DOCUMENT # H75233

1. Entity Name

LITHOTEC COMMERCIAL PRINTING, INC.

Principal Place of Business

**6651 102ND AVE N
PINELLAS PARK FL 33782**

Mailing Address

**6651 102ND AVE N
PINELLAS PARK FL 33782**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2576802

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARGYROS, BARBARA
11007 66TH ST NORTH
LARGO FL 31643**

7. Name and Address of New Registered Agent

Name

BARBARA ARGYROS

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

6651 102nd Ave. No.

City

Pinellas Park

FL

Zip Code
33782

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

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, 2002 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 **PST** ☐ Delete
NAME **ARGYROS, BARBARA**
STREET ADDRESS **11007 66TH ST NORTH**
CITY-ST-ZIP **LARGO FL**

TITLE **VD** ☐ Delete
NAME **ARGYROS, WILLIAM**
STREET ADDRESS **11007 66TH ST NORTH**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ Delete
NAME **ARGYROS, BARBARA**
STREET ADDRESS **11007 66TH ST NORTH**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **ARGYROS, BARBARA**
STREET ADDRESS **6651 102nd Ave. No.**
CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE **VD** ☒ Change ☐ Addition
NAME **ARGYROS, WILLIAM**
STREET ADDRESS **6651 102nd Ave. No.**
CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE **D** ☒ Change ☐ Addition
NAME **ARGYROS, BARBARA**
STREET ADDRESS **6651 102nd Ave. No.**
CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 727-541-4614

Date

Daytime Phone #