

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90009 035 ***150.00

DOCUMENT # H81559

1. Entity Name

ZEBRA-COLOR, INC.

Principal Place of Business

1763 FIRST AVE.
ST PETERSBURG FL 33713

Mailing Address

1763 FIRST AVE.
ST PETERSBURG FL 33713

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2589538

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

VAN KESTEREN, GINNIE
ONE PROGRESS PLACE
STE 1210
SAINT PETERSBURG FL 33710

Name

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

150 SECOND AVE. N.

SUITE 1470

City

ST. PETERSBURG FL

Zip Code

33701

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS VAN KESTEREN, KELLY
CITY-ST-ZIP 2219 MIGUEL BAY N
TERRA CEIA FL

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS P.O. Box 401
CITY-ST-ZIP TERRA CEIA, FL 34250

TITLE ☐ Delete
NAME V
STREET ADDRESS TAYLOR, BRUCE E.
CITY-ST-ZIP 2219 MIGUEL BAY DR
TERRA CEIA FL

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS P.O. Box 401
CITY-ST-ZIP TERRA CEIA, FL 34250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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:

Kelly Van Kesteren KELLY VAN KESTEREN

Date

Daytime Phone

4-28-01 (727) 521-3456

CR2E034 (10/00)