

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT J03047

1. Entity Name COLOR QUICK-PRINTING, INC.

FILED

00 JUN 21 AM 8:33

Principal Place of Business

Mailing Address

5944 PINEHILL RD.  
PORT RICHEY, FL. 34668

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2670464

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

7. Name and Address of New Registered Agent

JAMES A. MORRIS  
5944 PINEHILL RD.  
PORT RICHEY, FL. 34668

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/20/00

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, 2000 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 P  
NAME James A. Morris  
STREET ADDRESS 5944 Pinehill Rd.  
CITY-ST-ZIP Port Richey, FL 34668

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

200003349962-3  
-08/08/00-01095-007  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE VST  
NAME Margaret D. Morris  
STREET ADDRESS 5944 Pinehill Rd.  
CITY-ST-ZIP Port Richey, FL 34668

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

Margaret Morris

Date

Daytime Phone #

5/19/00 727-846-8998

CR2E034 (9/99)

282

May 19, 2000

Florida Division of Corporations

Re: 2000 Uniform Business Report

We did not receive the original UBR form, and were unaware of the May 1 deadline until April 30. Upon which time we called the Division of Corporations and requested a blank form. We are requesting that you please abate the \$400 penalty.

Thank you